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ORIGINAL PAPERS

FETISHISM

BY

SIGM. FREUD

In the last few years I have had an opportunity of studying analytically a number of men whose object-choice was ruled by a fetish. One must not suppose that these persons had sought analysis on account of a fetish; the devotees of fetishes regard them as abnormalities, it is true, but only rarely as symptoms of illness; usually they are quite content with them or even extol the advantages they offer for erotic gratification.

For obvious reasons I cannot go into the details of these cases in a published paper; nor can I show how the selection of individual fetishes is in part conditioned by accidental circumstances. The case of a young man who had exalted a certain kind of 'shine on the nose' into a fetishistic condition seemed most extraordinary. The very surprising explanation of this was that the patient had been first brought up in an English nursery and had later gone to Germany, where he almost completely forgot his mother-tongue. The fetish, which derived from his earliest childhood, had to be deciphered into English, not German; the *Glanz auf der Nase* [shine on the nose] was really 'a glance at the nose'; the nose was thus the fetish, which by the way he endowed when he wished with the necessary special brilliance, which other people could not perceive.

In all the cases the meaning and purpose of the fetish turned out under analysis to be the same. It revealed itself so unequivocally and seemed to me so categorical that I should expect the same solution in all cases of fetishism. When I now disclose that the fetish is a penis-substitute I shall certainly arouse disappointment; so I hasten to add that it is not a substitute for any chance penis, but for a par-

ticular quite special penis that had been extremely important in early childhood but was afterwards lost. That is to say: it should normally have been given up, but the purpose of the fetish precisely is to preserve it from being lost. To put it plainly: the fetish is a substitute for the woman's (mother's) phallus which the little boy once believed in and does not wish to forego—we know why.¹

What had happened, therefore, was that the boy had refused to take cognizance of the fact perceived by him that a woman has no penis. No, that cannot be true, for if a woman can be castrated then his own penis is in danger; and against that there rebels part of his narcissism which Nature has providentially attached to this particular organ. In later life grown men may experience a similar panic, perhaps when the cry goes up that throne and altar are in danger, and similar illogical consequences will also follow then. If I am not mistaken, Laforgue would say in this case that the boy 'skotomizes' the perception of the woman's lack of a penis.² Now a new term is justified when it describes a new fact or brings it into prominence. There is nothing of that kind here; the oldest word in our psycho-analytical terminology, 'repression', already refers to this pathological process. If we wish to differentiate between what happens to the idea as distinct from the affect, we can restrict repression to relate to the affect; the correct word for what happens to the idea is then 'denial'. 'Skotomization' seems to me particularly unsuitable, for it suggests that the perception is promptly obliterated, so that the result is the same as when a visual impression falls on a blind spot in the retina. In the case we are discussing, on the contrary, we see that the perception has persisted and that a very energetic action has been exerted to keep up the denial of it. It is not true that the child emerges from his experience of seeing the female parts with an unchanged belief in the woman having a phallus. He retains

¹ This interpretation was mentioned in 1910, without any reasons being given for it, in my pamphlet, *A Childhood-memory of Leonardo da Vinci's*.

² I correct myself here, however, by adding that I have the best reasons for knowing that Laforgue would not say this at all. It is clear from his own remarks that 'skotomization' is a term deriving from a description of dementia præcox, not arising through the application of psycho-analytical conceptions to the psychoses, and cannot be applied to the processes of development and formation of neurosis. In the text I have been at pains to demonstrate this incompatibility.

this belief but he also gives it up ; during the conflict between the deadweight of the unwelcome perception and the force of the opposite wish, a compromise is constructed such as is only possible in the realm of unconscious modes of thought—by the primary processes. In the world of psychical reality the woman still has a penis in spite of all, but this penis is no longer the same as it once was. Something else has taken its place, has been appointed its successor, so to speak, and now absorbs all the interest which formerly belonged to the penis. But this interest undergoes yet another very strong reinforcement, because the horror of castration sets up a sort of permanent memorial to itself by creating this substitute. Aversion from the real female genitals, which is never lacking in any fetishist, also remains as an indelible stigma of the repression that has taken place. One can now see what the fetish achieves and how it is enabled to persist. It remains a token of triumph over the threat of castration and a safeguard against it ; it also saves the fetishist from being a homosexual by endowing women with the attribute which makes them acceptable as sexual objects. In later life the fetishist sees other advantages in his substitute for the genital. The significance of fetishes is not known to the world at large and therefore not prohibited ; they are easily obtainable and sexual gratification by their means is thus very convenient. The fetishist has no trouble in getting what other men have to woo and exert themselves to obtain.

Probably no male human being is spared the shock of threatened castration at the sight of the female genitals. We cannot explain why it is that some of them become homosexual in consequence of this experience, others ward it off by creating a fetish, and the great majority overcome it. It is possible that we do not yet know, among all the many factors operating, those which determine the more rare pathological results ; we must be satisfied when we can explain what has happened, and may for the present leave on one side the task of explaining why something has not happened.

One would expect that the organs or objects selected as substitutes for the missing penis in the woman would be such as act as symbols for the penis in other respects. This may happen occasionally but is certainly not necessarily so. It seems rather that when the fetish comes to life, so to speak, some process has been suddenly interrupted—it reminds one of the abrupt halt made by memory in traumatic amnesias. In the case of the fetish, too, interest is held up at a certain point—what is possibly the last impression received before the

gruesome traumatic one is preserved as a fetish. Thus the foot or shoe owes its attraction as a fetish, or part of it, to the circumstance that the inquisitive boy used to peer up the woman's legs towards her genitals. Velvet and fur reproduce—as has long been suspected—the sight of the pubic hair which ought to have revealed the longed-for penis; the underlinen so often adopted as a fetish reproduces the scene of undressing, the last moment in which the woman could still be regarded as phallic. But I do not maintain that it is always possible to ascertain the determination of every fetish.

Investigations into fetishism are to be recommended to all who still doubt the existence of the castration complex or who can still believe that the horror of the female genitals has some other foundation: for instance, that it derives from a supposed memory of the trauma of birth. For me there was another point of interest in the explanation of fetishism.

Not long ago in quite a speculative way I formulated the proposition that the essential difference between neurosis and psychosis consists in this: that in neurosis the ego suppresses part of the id in favour of reality, whereas in psychosis it lets itself be carried away by the id and detached from a part of reality.³ But soon after this I had cause to regret that I had been so daring. In the analyses of two young men I learnt that each of them—one in his second and the other in his tenth year—had refused to acknowledge the death of his father—had 'skotomized' it—and yet neither of them had developed a psychosis. A very important piece of reality had thus been *denied* by the ego, in the same way as the fetishist denies the unwelcome fact of the woman's castrated condition. I also began to suspect that similar occurrences are by no means rare in childhood, and thought I had made a mistake in my differentiation between neurosis and psychosis. It is true, there was one way out of the difficulty: it might be that my formula held good only when a higher degree of differentiation existed in the mental apparatus; it might be possible for a child to deal with what would cause severe injury in an adult. But further research led to another solution of the contradiction.

It turned out, that is, as follows: the two young men had no more 'skotomized' the death of their fathers than a fetishist skotomizes the castration of women. It was only one channel of their mental

³ 'Neurosis and Psychosis', and 'The Loss of Reality in Neurosis and Psychosis', *Collected Papers*, Vol. II.

processes that had not acknowledged the father's death ; there was another which was fully aware of the fact ; the one which was consistent with reality stood alongside the one which accorded with a wish. One of these two cases of mine had derived an obsessional neurosis of some severity from this dissociation ; in every situation in life he oscillated between two assumptions—on the one his father was still alive and hindered him from action, on the other his father was dead and he had the right to regard himself as his successor. In a psychosis the true idea which accorded with reality would have been really absent.

To return to my description of fetishism, I have to add that there are numerous and very weighty proofs of the double attitude of fetishists to the question of the castration of women. In very subtle cases the fetish itself has become the vehicle both of denying and of asseverating the fact of castration. This was exemplified in the case of a man whose fetish was a suspensory belt which can also be worn as bathing drawers ; this piece of clothing covers the genitals and altogether conceals the difference between them. The analysis showed that it could mean that a woman is castrated, or that she is not castrated, and it even allows of a supposition that a man may be castrated, for all these possibilities could be equally well hidden beneath the belt ; its forerunner in childhood had been the fig-leaf seen on a statue. Naturally, a fetish of this kind constructed out of two opposing ideas is capable of great resistance. Sometimes the double attitude shows itself in what the fetishist—either actually or in phantasy—does with the fetish. It is not the whole story to say that he worships it ; very often he treats it in a way which is plainly equivalent to castrating it. This happens particularly when a strong father-identification has been developed, since the child ascribed the original castration of the woman to the father. Tender and hostile treatment of fetishes is mixed in unequal degrees—like the denial and the recognition of castration—in different cases, so that the one or the other is more evident. Here one gets a sort of glimpse of comprehension, as from a distance, of the behaviour of people who cut off women's plaits of hair ; in them the impulse to execute the castration which they deny is what comes to the fore. The action contains within it two incompatible propositions : the woman has still got a penis and the father has castrated the woman. Another variety of this, which might be regarded as a race-psychological parallel to fetishism, is the Chinese custom of first mutilating a woman's foot and

then revering it. The Chinese man seems to want to thank the woman for having submitted to castration.

The normal prototype of all fetishes is the penis of the man, just as the normal prototype of an organ felt to be inferior is the real little penis of the woman, the clitoris.

EARLY STAGES OF THE ŒDIPUS CONFLICT¹

BY

MELANIE KLEIN.

LONDON

In my analyses of children, especially of children between the ages of three and six, I have come to a number of conclusions of which I shall here present a summary.

I have repeatedly alluded to the conclusion that the Œdipus complex comes into operation earlier than is usually supposed. In my last paper, 'The Psychological Principles of Infant Analysis',² I discussed this subject in greater detail. The conclusion which I reached there was that the Œdipus tendencies are released in consequence of the frustration which the child experiences at weaning, and that they make their appearance at the end of the first and the beginning of the second year of life; they receive reinforcement through the anal frustrations undergone during training in cleanliness. The next determining influence upon the mental processes is that of the anatomical difference between the sexes.

The boy, when he finds himself impelled to abandon the oral and anal positions for the genital, passes on to the aim of *penetration* associated with possession of the penis. Thus he changes not only his libido-position, but its *aim*, and this enables him to retain his original love-object. In the girl, on the other hand, the *receptive* aim is carried over from the oral to the genital position: she changes her libido-position, but retains its aim, which has already led to disappointment in relation to her mother. In this way receptivity for the penis is induced in the girl, who then turns to the father as her love-object.

The very onset of the Œdipus wishes, however, already becomes associated with incipient dread of castration and feelings of guilt.

The analysis of adults, as well as of children, has familiarized us with the fact that the pregenital instinctual impulses carry with them a sense of guilt, and it was thought at first that the feelings of guilt were of subsequent growth, displaced back on to these tendencies, though not originally associated with them. Ferenczi assumes that,

¹ Read at the Tenth International Psycho-Analytical Congress, Innsbruck, September 3, 1927.

² This JOURNAL, Vol. VIII, 1927.

connected with the urethral and anal impulses, there is a 'kind of physiological forerunner of the super-ego', which he terms 'sphincter-morality'. According to Abraham, anxiety makes its appearance on the cannibalistic level, while the sense of guilt arises in the succeeding early anal-sadistic phase.

My findings lead rather further. They shew that the sense of guilt associated with pregenital fixation is already the direct effect of the Œdipus conflict. And this seems to account satisfactorily for the genesis of such feelings, for we know the sense of guilt to be simply a result of the introjection (already accomplished or, as I would add, in process of being accomplished) of the Œdipus love-objects: that is, a sense of guilt is a product of the formation of the super-ego.

The analysis of little children reveals the structure of the super-ego as built up of identifications dating from very different periods and strata in the mental life. These identifications are surprisingly contradictory in character, over-indulgence and excessive severity existing side by side. We find in them, too, an explanation of the severity of the super-ego, which comes out specially plainly in these infant analyses. It does not seem clear why a child of, say, four years old should set up in his mind an unreal, phantastic image of parents who devour, cut and bite. But it is clear why in a child of about *one year* old the anxiety caused by the beginning of the Œdipus conflict takes the form of a dread of being devoured and destroyed. The child himself desires to destroy the libidinal object by biting, devouring and cutting it, which leads to anxiety, since awakening of the Œdipus tendencies is followed by introjection of the object, which then becomes one from which punishment is to be expected. The child then dreads a punishment corresponding to the offence: the super-ego becomes something which bites, devours and cuts.

The connection between the formation of the super-ego and the pregenital phases of development is very important from two points of view. On the one hand, the sense of guilt attaches itself to the oral and anal-sadistic phases, which as yet predominate; and, on the other, the super-ego comes into being while these phases are in the ascendant, which accounts for its sadistic severity.

These conclusions open up a new perspective. Only by strong repression can the still very feeble ego defend itself against a super-ego so menacing. Since the Œdipus tendencies are at first chiefly expressed in the form of oral and anal impulses, the question of which fixations will predominate in the Œdipus development will be mainly deter-

mined by the degree of the repression which takes place at this early stage.

Another reason why the direct connection between the pregenital phase of development and the sense of guilt is so important is that the oral and anal frustrations, which are the prototypes of all later frustrations in life, at the same time signify *punishment* and give rise to anxiety. This circumstance makes the frustration more acutely felt, and this bitterness contributes largely to the hardship of all subsequent frustrations.

We find that important consequences ensue from the fact that the ego is still so little developed when it is assailed by the onset of the Œdipus tendencies and the incipient sexual curiosity associated with them. Still quite undeveloped intellectually, it is exposed to an onrush of problems and questions. One of the most bitter grievances which we come upon in the unconscious is that this tremendous questioning impulse, which is apparently only partly conscious and even so far as it is cannot yet be expressed in words, remains unanswered. Another reproach follows hard upon this, namely, that the child could not understand words and speech. Thus his first questions go back beyond the beginnings of his understanding of speech.

In analysis both these grievances give rise to an extraordinary amount of hate. Singly or in conjunction they are the cause of numerous inhibitions of the epistemophilic impulse: for instance, the incapacity to learn foreign languages, and, further, hatred of those who speak a different tongue. They are also responsible for direct disturbances in speech, etc. The curiosity which shews itself plainly later on, mostly in the fourth or fifth year of life, is not the beginning, but the climax and termination, of this phase of development, which I have also found to be true of the Œdipus conflict in general.

The early feeling of *not knowing* has manifold connections. It unites with the feeling of being incapable, impotent, which soon results from the Œdipus situation. The child also feels this frustration the more acutely because he *knows nothing* definite about sexual processes. In both sexes the castration complex is accentuated by this feeling of ignorance.

The early connection between the epistemophilic impulse and sadism is very important for the whole mental development. This instinct, roused by the striving of the Œdipus tendencies, at first mainly concerns itself with the mother's womb, which is assumed to be the scene of all sexual processes and developments. The child is still

dominated by the anal-sadistic libido-position which impels him to wish to *appropriate* the contents of the womb. He thus begins to be curious about what it contains, what it is like, etc. So the epistemophilic instinct and the desire to take possession come quite early to be most intimately connected with one another and at the same time with the sense of guilt aroused by the incipient Œdipus conflict. This significant connection ushers in a phase of development in both sexes which is of vital importance, hitherto not sufficiently recognized. It consists of a very early identification with the mother.

The course run by this 'femininity' phase must be examined separately in boys and in girls, but, before I proceed to this, I will shew its connection with the previous phase, which is common to both sexes.

In the early anal-sadistic stage the child sustains his second severe trauma, which strengthens his tendency to turn away from the mother. She has frustrated his oral desires, and now she also interferes with his anal pleasures. It seems as though at this point the anal deprivations cause the anal tendencies to amalgamate with the sadistic tendencies. The child desires to get possession of the mother's fæces, by penetrating into her body, cutting it to pieces, devouring and destroying it. Under the influence of his genital impulses, the boy is beginning to turn to his mother as love-object. But his sadistic impulses are in full activity, and the hate originating in earlier frustrations is powerfully opposed to his object-love on the genital level. A still greater obstacle to his love is his dread of castration by the father, which arises with the Œdipus impulses. The degree in which he attains to the genital position will partly depend on his capacity for tolerating this anxiety. Here the intensity of the oral-sadistic and anal-sadistic fixations is an important factor. It affects the degree of hatred which the boy feels towards the mother; and this, in its turn, hinders him to a greater or lesser extent in attaining a positive relation to her. The sadistic fixations exercise also a decisive influence upon the formation of the super-ego, which is coming into being whilst these phases are in the ascendant. The more cruel the super-ego the more terrifying will be the father as castrator, and the more tenaciously in the child's flight from his genital impulses will he cling to the sadistic levels, from which his Œdipus tendencies in the first instance then also take their colour.

In these early stages all the positions in the Œdipus development are cathected in rapid succession. This, however, is not noticeable,

because the picture is dominated by the pregenital impulses. Moreover, no rigid line can be drawn between the active heterosexual attitude which finds expression on the anal level and the further stage of identification with the mother.

We have now reached that phase of development of which I spoke before under the name of the 'femininity-phase'. It has its basis on the anal-sadistic level and imparts to that level a new content, for faeces are now equated with the child that is longed for, and the desire to rob the mother now applies to the child as well as to faeces. Here we can discern two aims which merge with one another. The one is directed by the desire for children, the intention being to appropriate them, while the other aim is motivated by jealousy of the future brothers and sisters whose appearance is expected and by the wish to destroy them in the womb. A third object of the boy's oral-sadistic tendencies in the mother's womb is the father's penis.

As in the castration-complex of girls, so in the femininity-complex of the male, there is at bottom the frustrated desire for a special organ. The tendencies to steal and destroy are concerned with the organs of conception, pregnancy and parturition, which the boy assumes to exist in the womb, and further with the vagina and the breasts, the fountain of milk, which are coveted as organs of receptivity and bounty from the time when the libidinal position is purely oral.

The boy fears punishment for his destruction of his mother's body, but, besides this, his fear is of a more general nature, and here we have an analogy to the anxiety associated with the castration-wishes of the girl. He fears that his body will be mutilated and dismembered, and amongst other things castrated. Here we have a direct contribution to the castration-complex. In this early period of development the mother who takes away the child's faeces signifies also a mother who dismembers and castrates him. Not only by means of the anal frustrations which she inflicts does she pave the way for the castration-complex: in terms of psychic reality she is also already the *castrator*.

This dread of the mother is so overwhelming because there is combined with it an intense dread of castration by the father. The destructive tendencies whose object is the womb are also directed with their full oral- and anal-sadistic intensity against the father's penis, which is supposed to be located there. It is upon his penis that the dread of castration by the father is focussed in this phase. Thus the femininity-phase is characterized by anxiety relating to the womb and the father's penis, and this anxiety subjects the boy to the tyranny

of a super-ego which devours, dismembers and castrates and is formed from the image of father and mother alike.

The aims of the incipient genital libido-positions are thus criss-crossed by and intermingled with the manifold pregenital tendencies. The greater the preponderance of sadistic fixations the more does the boy's identification with his mother correspond to an attitude of rivalry towards the woman, with its blending of envy and hatred; for on account of his wish for a child he feels himself at a disadvantage and inferior to the mother.

Let us now consider why the femininity-complex of men seems so much more obscure than the castration-complex in women, with which it is equally important.

The amalgamation of the desire for a child with the epistemophilic impulse enables a boy to effect a displacement on to the intellectual plane; his sense of being at a disadvantage is then concealed and over-compensated by the superiority he deduces from his possession of a penis, which is also acknowledged by girls. This exaggeration of the masculine position results in excessive protestations of masculinity. In her paper entitled 'Notes on Curiosity',³ Mary Chadwick, too, has traced the man's narcissistic over-estimation of the penis and his attitude of intellectual rivalry towards women to the frustration of his wish for a child and the displacement of this desire on to the intellectual plane.

A tendency to excess in the direction of aggression, which very frequently occurs, has its source in the femininity-complex. It goes with an attitude of contempt and 'knowing better', and is highly asocial and sadistic; it is partly conditioned as an attempt to mask the anxiety and ignorance which lie behind it. In part it coincides with the boy's protest (originating in his fear of castration) against the feminine rôle, but it is rooted also in his dread of his mother, whom he intended to rob of the father's penis, her children and her female sexual organs. This excessive aggression unites with the pleasure in attack which proceeds from the direct, genital Œdipus situation, but it represents that part of the situation which is by far the more asocial factor in character-formation. This is why a man's rivalry with women will be far more asocial than his rivalry with his fellow-men, which is largely prompted through the genital position. Of course the quantity of sadistic fixations will also determine the relationship

³ *Internationale Zeitschrift für Psychoanalyse*, Bd. XI, 1925.

of a man to other men when they are rivals. If, on the contrary, the identification with the mother is based on a more securely established genital position, on the one hand his relation to women will be positive in character, and on the other the desire for a child and the feminine component, which play so essential a part in men's work, will find more favourable opportunities for sublimation.

In both sexes one of the principal roots of inhibitions in work is the anxiety and sense of guilt associated with the femininity-phase. Experience has taught me, however, that a thorough analysis of this phase is, for other reasons as well, important from a therapeutic point of view, and should be of help in some obsessional cases which seem to have reached a point where nothing more could be resolved.

In the boy's development the femininity-phase is succeeded by a prolonged struggle between the pregenital and the genital positions of the libido. When at its height, in the third to the fifth year of life, this struggle is plainly recognizable as the Oedipus conflict. The anxiety associated with the femininity-phase drives the boy back to identification with the father; but this stimulus in itself does not provide a firm foundation for the genital position, since it leads mainly to repression and over-compensation of the anal-sadistic instincts, and not to overcoming them. The dread of castration by the father strengthens the fixation to the anal-sadistic levels. The degree of constitutional genitality also plays an important part as regards a favourable issue, i.e. the attainment of the genital level. Often the outcome of the struggle remains undecided, and this gives rise to neurotic troubles and disturbances of potency.⁴ Thus the attainment of complete potency and reaching the genital position will in part depend upon the favourable issue of the femininity-phase.

I will now turn to the development of girls. As a result of the process of weaning, the girl-child has turned from the mother, being impelled more strongly to do so by the anal deprivations she has undergone. The genital now begins to influence her mental development.

I entirely agree with Helene Deutsch,⁵ who holds that the genital development of the woman finds its completion in the successful displacement of oral libido on to the genital. Only, my results lead me

⁴ Cf. here Reich : *Die Funktion des Orgasmus*, Internationaler Psychoanalytischer Verlag.

⁵ H. Deutsch : *Psychoanalyse der weiblichen Sexualfunktion*.

to believe that this displacement begins with the first stirrings of the genital impulses and that the oral, receptive aim of the genital exercises a determining influence in the *girl's turning to the father*. Also I am led to conclude that not only an unconscious awareness of the vagina, but also sensations in that organ and the rest of the genital apparatus, are aroused as soon as the Œdipus impulses make their appearance. In girls, however, onanism does not afford anything like so adequate an outlet for these quantities of excitation as it does in boys. Hence the accumulated lack of satisfaction provides yet another reason for more complications and disturbances of female sexual development. The difficulty of obtaining complete gratification by onanism may be another cause, besides those indicated by Freud, for the girl's repudiation of the practice, and may partly explain why, during her struggle to give it up, manual masturbation is generally replaced by pressing the legs together.

Besides the receptive quality of the genital organ, which is brought into play by the intense desire for a new source of gratification, envy and hatred of the mother who possesses the father's penis seem, at the period when these first Œdipus impulses are stirring, to be a further motive for the little girl's turning to the father. His caresses have now the effect of a seduction and are felt as 'the attraction of the opposite sex'.⁶

In the girl identification with the mother results directly from the Œdipus impulses: the whole struggle caused in the boy by his castration-anxiety is absent in her. In girls as well as boys this identification coincides with the anal-sadistic tendencies to rob and destroy the mother. If identification with the mother takes place at a stage at which the oral- and anal-sadistic tendencies predominate, dread of a primitive maternal super-ego will lead to the repression and fixation of this phase and interfere with further genital development. Dread of the mother, too, impels the little girl to give up identification with her, and identification with the father begins.

The little girl's epistemophilic impulse is first roused by the Œdipus complex; the result is that she discovers her lack of a penis. She feels this lack to be a fresh cause of hatred of the mother, but at the same

⁶ We regularly come across the unconscious reproach that the mother has seduced the child whilst tending it. The explanation is that at the period when she had to minister to its bodily needs the Œdipus tendencies were awaking.

time her sense of guilt makes her regard it as a punishment. This embitters her frustration in this direction, and it, in its turn, exercises a profound influence on the whole castration-complex.

This early grievance about the lack of a penis is greatly magnified later on, when the phallic phase and the castration-complex are in full swing. Freud has stated that the discovery of the lack of a penis causes the turning from the mother to the father. My findings shew, however, that this discovery operates only as a reinforcement in this direction, since it follows on a very early stage in the Œdipus conflict, and is succeeded by the wish for a child, by which it is actually replaced in later development. I regard the deprivation of the breast as the most fundamental cause of the turning to the father.

Identification with the father is less charged with anxiety than that with the mother ; moreover, the sense of guilt towards her impels to over-compensation through a fresh love-relation with her. Against this new love-relation with her there operates the castration-complex which makes a masculine attitude difficult, and also the hatred of her which sprang from the earlier situations. Hate and rivalry of the mother, however, again lead to abandoning the identification with the father and turning to him as the object to be secured and loved.

The little girl's relation with her mother causes that to her father to take both a positive and a negative direction. The frustration undergone at his hands has as its very deepest basis the disappointment already suffered in relation to the mother ; a powerful motive in the desire to possess him springs from the hatred and envy against the mother. If the sadistic fixations remain predominant, this hatred and its over-compensation will also materially affect the woman's relation to men. On the other hand, if there is a more positive relation to the mother, built up on the genital position, not only will the woman be freer from a sense of guilt in her relation to her children, but her love for her husband will be strongly reinforced, since for the woman he always stands at one and the same time for the mother who gives what is desired and for the beloved child. On this very significant foundation is built up that part of the relation which is connected exclusively with the father. At first it is focussed on the act of the penis in coitus. This act, which also promises gratification of the desires that are now displaced on to the genital, seems to the little girl a most consummate performance.

Her admiration is, indeed, shaken by the Œdipus frustration, but unless it is converted into hate, it constitutes one of the fundamental

features of the woman's relation to the man. Later, when full satisfaction of the love-impulses is obtained, there is joined with this admiration the great gratitude ensuing from the long-pent-up deprivation. This gratitude finds expression in the greater feminine capacity for complete and lasting surrender to a love-object, especially to the 'first love'.

One way in which the little girl's development is greatly handicapped is the following. Whilst the boy does in reality possess the penis, in respect of which he enters into rivalry with the father, the little girl has only the *unsatisfied* desire for motherhood, and of this, too, she has but a dim and uncertain, though a very intense, awareness.

It is not merely this uncertainty which disturbs her hope of future motherhood. It is weakened far more by anxiety and sense of guilt, and these may seriously and permanently damage the maternal capacity of a woman. Because of the destructive tendencies once directed by her against the mother's body (or certain organs in it) and against the children in the womb, the girl anticipates retribution in the form of destruction of her own capacity for motherhood or of the organs connected with this function and of her own children. Here we have also one root of the constant concern of women (often so excessive) for their personal beauty, for they dread that this too will be destroyed by the mother. At the bottom of the impulse to deck and beautify themselves there is always the motive of *restoring* damaged comeliness, and this has its origin in anxiety and sense of guilt.⁷

It is probable that this deep dread of the destruction of internal organs may be the psychic cause of the greater susceptibility of women, as compared with men, to conversion-hysteria and organic diseases.

It is this anxiety and sense of guilt which is the chief cause of the repression of feelings of pride and joy in the feminine *rôle*, which are originally very strong. This repression results in depreciation of the capacity for motherhood, at the outset so highly prized. Thus the girl lacks the powerful support which the boy derives from his possession of the penis, and which she herself might find in the anticipation of motherhood.

The girl's very intense anxiety about her womanhood can be

⁷ Cf. Hárnik's paper at the Innsbruck Psycho-Analytical Congress: 'Die ökonomischen Beziehungen zwischen dem Schuldgefühl und dem weiblichen Narzissmus'.

shewn to be analogous to the boy's dread of castration, for it certainly contributes to the checking of her Œdipus impulses. The course run by the boy's castration-anxiety concerning the penis which *visibly* exists is, however, different; it might be termed more *acute* than the more chronic anxiety of the girl concerning her internal organs, with which she is necessarily less familiar. Moreover, it is bound to make a difference that the boy's anxiety is determined by the paternal and the girl's by the maternal super-ego.

Freud has said that the girl's super-ego develops on different lines from that of the boy. We constantly find confirmation of the fact that jealousy plays a greater part in women's lives than in men's, because it is reinforced by deflected envy of the male on account of the penis. On the other hand, however, women especially possess a great capacity, which is not based merely on an over-compensation, for disregarding their own wishes and devoting themselves with self-sacrifice to ethical and social tasks. We cannot account for this capacity by the blending of masculine and feminine traits which, because of the human being's bisexual disposition, does in individual cases influence the formation of character, for this capacity is so plainly maternal in nature. I think that, in order to explain how women can run so wide a gamut from the most petty jealousy to the most self-forgetful loving-kindness, we have to take into consideration the peculiar conditions of the formation of the feminine super-ego. From the early identification with the mother in which the anal-sadistic level so largely preponderates, the little girl derives jealousy and hatred and forms a cruel super-ego after the maternal imago. The super-ego which develops at this stage from a father-identification can also be menacing and cause anxiety, but it seems never to reach the same proportions as that derived from the mother-identification. But the more the identification with the mother becomes stabilized on the genital basis, the more will it be characterized by the devoted kindness of an indulgent mother-ideal. Thus this positive affective attitude depends on the extent to which the maternal mother-ideal bears the characteristics of the pregenital or of the genital stage. But when it comes to the active conversion of the emotional attitude into social or other activities, it would seem that it is the paternal ego-ideal which is at work. The deep admiration felt by the little girl for the father's genital activity leads to the formation of a paternal super-ego which sets before her active aims to which she can never fully attain. If, owing to certain factors in her development, the incentive to accomplish these aims is strong enough, their

very impossibility of attainment may lend an impetus to her efforts which, combined with the capacity for self-sacrifice which she derives from the maternal super-ego, gives a woman, in individual instances, the capacity for very exceptional achievements on the intuitive plane and in specific fields.

The boy, too, derives from the feminine phase a maternal super-ego which causes him, like the girl, to make both cruelly primitive and kindly identifications. But he passes through this phase to resume (it is true, in varying degrees) identification with the father. However much the maternal side makes itself felt in the formation of the super-ego, it is yet the *paternal* super-ego which from the beginning is the decisive influence for the man. He too sets before himself a figure of an exalted character upon which to model himself, but, because the boy *is* 'made in the image of' his ideal, it is not unattainable. This circumstance contributes to the more sustained and objective creative work of the male.

The dread of injury to her womanhood exercises a profound influence on the castration-complex of the little girl, for it causes her to over-estimate the penis which she herself lacks; this exaggeration is then much more obvious than is the underlying anxiety about her own womanhood. I would remind you here of the work of Karen Horney, who was the first to examine the sources of the castration-complex in women in so far as those sources lie in the Oedipus situation.

In this connection I must speak of the importance for sexual development of certain early experiences in childhood. In the paper which I read at the Salzburg Congress in 1924, I mentioned that when observations of coitus take place at a later stage of development they assume the character of traumata, but that if such experiences occur at an early age they become fixated and form part of the sexual development. I must now add that a fixation of this sort may hold in its grip not only that particular stage of development, but also the super-ego which is then in process of formation, and may thus injure its further development. For the more completely the super-ego reaches its zenith in the genital stage the less prominent will the sadistic identifications be in its structure and the more surely will an ethically fine personality be developed and greater possibilities of mental health be secured.

There is another kind of experience in early childhood which strikes me as typical and exceedingly important. These experiences often follow closely in time upon the observations of coitus and are induced

or fostered by the excitations set up thereby. I refer to the sexual relations of little children with one another, between brothers and sisters or playmates, which consist in the most varied acts: looking, touching, performing excretion in common, fellatio, cunnilingus and often direct attempts at coitus. They are deeply repressed and have a cathexis of profound feelings of guilt. These feelings are mainly due to the fact that this love-object, chosen under the pressure of the excitation due to the Œdipus conflict, is felt by the child to be a substitute for the father or mother or both. Thus these relations, which seem so insignificant and which apparently no child under the stimulus of the Œdipus development escapes, take on the character of an Œdipus relation actually realized, and exercise a determining influence upon the formation of the Œdipus complex, the subject's detachment from that complex and upon his later sexual relations. Moreover, an experience of this sort forms an important fixation-point in the development of the super-ego. In consequence of the need for punishment and the repetition-compulsion, these experiences often cause the child to subject himself to sexual traumata. In this connection I would refer you to Abraham,⁸ who shewed that experiencing sexual traumata is one part of the sexual development of children. The analytic investigation of these experiences, during the analysis of adults as well as of children, to a great extent clears up the Œdipus situation in its connection with early fixations and is therefore important from the therapeutic point of view.

To sum up my conclusions: I wish above all to point out that they do not, in my opinion, contradict the statements of Professor Freud. I think that the essential point in the additional considerations which I have advanced is that I date these processes earlier and that the different phases (especially in the initial stages) merge more freely in one another than was hitherto supposed.

The early stages of the Œdipus conflict are so largely dominated by pregenital phases of development that the genital phase, when it begins to be active, is at first heavily shrouded and only later, between the third and fifth years of life, becomes clearly recognizable. At this age the Œdipus complex and the formation of the super-ego reach their climax. But the fact that the Œdipus tendencies begin so much earlier than we supposed, the pressure of the sense of guilt which

⁸ Karl Abraham, *Selected Papers*, International Psycho-Analytical Library, No. 13.

therefore falls upon the pregenital levels, the determining influence thus exercised so early upon the Oedipus development on the one hand and that of the super-ego on the other, and accordingly upon character-formation, sexuality and all the rest of the subject's development—all these things seem to me of great and hitherto unrecognized importance. I found out the therapeutic value of this knowledge in the analyses of children, but it is not confined to these. I have been able to test the resulting conclusions in the analysis of adults and have found not only that their theoretical correctness was confirmed, but that their therapeutic importance was established.

LECTURES ON TECHNIQUE IN PSYCHO-ANALYSIS (*concluded*)

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VII

'ACTIVE' THERAPY

I think perhaps the best approach to the subject of active therapy is to consider the significance of the term 'active'. You will remember that on several occasions, particularly when discussing resistances and the valuation of symptom-formations, it has been suggested that some technical devices come under the special heading of 'active' procedure. These rather mysterious references are liable to provoke some misapprehension in the minds of those who have not yet studied the historical development of psycho-analytic technique. After all, the reasonable comment might be made, 'If there are some emergency measures designed to meet situations of special difficulty, why not devote most of the available time to the exposition of these methods?': or 'Why bother about a roundabout technique if equally satisfactory and permanent results can be obtained by more direct methods?'

Now if we start from the descriptive and clinical point of view, the idea of active technique suggests some distinction from a previously existing 'passive' technique, although it does not necessarily imply that there were no 'active' elements in the passive technique. The 'active' elements might simply have been isolated from a passive technique, and elaborated into a fully-fledged 'active' method. Again, it might never have been intended to substitute an alternative procedure, but to use active measures as accessory devices, but here of course we again trip over a descriptive contrast between active and passive. Assuming then that some descriptive contrast is valid, we must go on to inquire whether this active technique is different in kind from passive technique, whether it has different theoretical implications, or again whether it is a *quantitative* rather than a *qualitative* factor which gives rise to the descriptive distinction. Having if possible decided this question, our next step is an investigation of the *aim* of active technique. Now the aim may be no different from that of psycho-analytic technique as previously understood, in which case 'active' technique would simply be an amplification of methods, filling up gaps in a previously incomplete and insufficient method. On

the other hand, it might be that active methods were introduced with a specific aim, e.g. to *shorten* the process of analysis, implying that, whether the original methods were satisfactory in other respects, at any rate they took up too much time. If now we were certain that the aim differed in some respect from the usual aim, our next obligation would be an examination of unconscious motivations, i.e. the subjective factor. This subjective examination would extend in two directions ; if, for example, the method is intended to shorten analysis, we should have to consider two questions : (1) Why do we want to shorten analysis ? Do the rational grounds account for the impulse, or are there any possible unconscious factors at work ? (2) Have we any objections to the shortening of analysis ? if so, are these entirely rational or reinforced by unconscious attitudes ?

Having laid down these terms of reference, we are immediately faced with another terminological difficulty. We know that the phrase ' active ' technique is in the psycho-analytic sense justly associated with the name of Ferenczi , yet there have been many individual suggestions made by other writers (cf. Reich's, that the recumbent attitude be at times abandoned for narcissistic types), which might be described as amplifications or modifications of the customary technique. We must therefore consider whether there is any dependable criterion by means of which we can assess all or any of these suggested methods.

I imagine we can clarify the issues a little by considering forthwith some of the points which do not depend on immediate clinical investigations. For example, we might begin with some consideration of *subjective factors*. This is a matter to which frequent reference has been made, especially in the last lecture, when we compared the psycho-analyst's attitude to the duration of analysis with that exhibited by fellow-practitioners in the treatment of organic disorder. Moreover, we do know from direct references to this subject that the idea of shortening treatment is one which exercises the mind of all analysts, starting with Freud himself. Freud has in fact turned over in his mind whether it might be possible, for convenience in treating numbers of needy patients, to combine psycho-analysis with some form of analytically-inspired suggestion ; but he has always been careful to indicate that if this were feasible it would be a method to be sharply distinguished from that of pure psycho-analysis. Indeed, his most recent formulation on the subject of speed is that the quickest way of completing analysis is to stick closely to the proven technique. At any rate, we are justified in assuming that the subject of ' activity '

has a direct relation to the problem of shortening analysis. We can therefore with some fairness propound the usual question : Are there any unconscious tendencies which may influence us in favour of or against 'active' technical devices ? In this connection we know that the analyst may react against thwarting of his therapeutic intentions, and, should he be unduly sensitive, will shew direct or indirect signs of impatience or aggression which might be rationalized as interest in active therapy. On the other hand, if he has retained to any degree the 'reaction-formation' type of defence against aggression, he will be inclined to read into active technique a projected sadistic significance. He will then disguise this bias against 'active' measures on theoretical grounds. In short, the activist's rationalization will be that it isn't necessary for analysis to take so much time ; the reply of the passive school will be that it is in the nature of things unavoidable. We are not immediately concerned with the reality-element present in such rationalizations ; the point I wish to emphasize here is that where decisions as to the validity of 'active' measures have to be taken it is imperative for the analyst to examine himself carefully for any signs of counter-resistance. After all, we know how quickly during the transference-neurosis patients seize upon the analyst's attitude and endeavour to translate it into terms of unconscious phantasy, and, since counter-resistance is essentially due to the irruption into the analytic situation of the analyst's unconscious reactions, it is reasonable to assume that preferences and prejudices may exist in reference to modifications of technique, if and when the analyst is out of touch with some subjective motivations.

Another point may be considered forthwith : do we possess *satisfactory criteria* wherewith to estimate the significance of various departures from or modifications of the customary technique ? Now the technique of analysis as it has been described in these lectures so far is simply this : we bind the patient to follow the fundamental rule of association in order to have as free access as possible to unconscious content ; we find that, in spite of preliminary progress, the access is more and more limited by resistances or defences : at the same time we discover that a special analytic situation develops, viz. the transference-neurosis, which if left unanalyzed completely obstructs analytical approach, but which if analyzed gives us open access to unconscious material either directly or by way of reconstruction. In the handling of this transference-situation, the main strength of our position lies in the fact that whatever transference demands are made

on us, whatever rôles are ascribed to us, *we do not satisfy these demands or play these parts*. So I imagine classifications of analytic method might be related (a) to the interpretation of the patient's material and (b) to the maintenance of complete detachment on the analyst's part. With regard to the interpretation of material I think there could be little difficulty in laying down absolute standards. As Freud has said, psycho-analysis stands or falls by certain established findings, e.g. the facts of repression, of infantile sexuality, culminating in the Oedipus relation. I take it that any technique which endeavoured to get round these fundamental facts would automatically forfeit the right to be called psycho-analysis. For example, I have the impression that so far as the method has been described Rank's recent 'birth-technique' will split on the rock of infantile sexuality, not that he repudiates the latter, but in so far as he minimizes its significance. Coming now to the maintenance of complete detachment on the analyst's part, we have seen that this enables us to induce conviction as to the repetitive nature of the transference-neurosis, hence that it helps us to reconstruct infantile development. *We realize that any transference-gratification tends to anchor the repetitive scene to the present day*. Moreover, since the repetitive scene is based essentially on repressed elements, the more we do gratify it, the more we provoke defences. Nevertheless it might be argued that if it were worth while, if there were no other possibility of progress, it might be justifiable to abandon our attitude of detachment and play at the appropriate time the part of an authoritative agent. This would not involve abandonment of any fundamental interpretation, and the analyst would be on the alert to defeat any increased tendency to transference fixation. Applying these considerations to the classification of active procedure, we can inquire whether these measures involve an abandonment of our detached attitude, *whether we do in fact at any time play the part of the super-ego ascribed to us by the patient*.

But first of all we must ask: Is it actually the case that in the customary analytic methods we do preserve *complete* detachment? It is immediately obvious that in certain respects we do not. For example, we are rarely content with the material given to us, but by interpretation imply that material exists which for some reason or another has not been presented to us. This is why the use of the term 'resistance' provokes such resentment in patients: they react as if the analyst had said, 'Come along now, you little liar; what are you concealing?' Actually when patients react in this way we know

that they are projecting an internal situation, viz. that the ego is feeling vaguely guilty, that the super-ego is taxing it with misdemeanours of which it is unaware. Coming back to the question of detachment in analysis, we have to admit that interpretation is not strictly detached, but, on the other hand, whatever the patient may think, *it is not an actual repetition of a parental attitude*. Again, when a patient comes late we do not remain detached; if need be we go out of our way to bring this fact into associative connections. Again the patient reacts as if we had said, 'You miserable little procrastinator, what do you mean by not coming when I told you to come?', and again we are able to investigate this repetitive reaction with a clear conscience; we have not in fact done more than bring the action into association. But occasions arise when the patient threatens to commit himself during analysis to important external policies; this being a risky procedure for the patient in his unanalyzed state, and in any case a type of extra-analytical defence against analysis, it is our duty to point out that it is inadvisable to make such decisions during analysis. From the patient's point of view, this is at the worst a threat, 'Don't do that, or I'll not be answerable for the consequences', at the least a friendly hint, as if to say: 'Be guided by me, my boy'. In fact, whether the analyst is content with a simple suggestion or backs it with authority, he will usually find that his patient takes occasion to react to the situation in some typically infantile way, and he will be able to make some capital out of the analysis of such a reaction. Nevertheless, in a negative way *he has on this occasion abandoned neutrality* and has taken up a parental rôle, which the patient legitimately identifies with the prohibitive activities of his own super-ego, or, going further back, with the categorical forbiddings issued by his parents.

Now, although in the days before 'active' therapy was mooted as a more general policy the technique of analysis contained few elements of this kind, it did comprise two measures which were calculated to stimulate the patient's reaction. One was a rule of a prohibitive sort, viz. that analysis should be carried out in a state of abstinence, and the other a positive injunction that certain patients suffering from phobias should at a certain time begin to court rather than avoid the situation which induced anxiety. The former prohibition stimulated the patient at one of his most sensitive spots, i.e. his sensitiveness to frustration, and the latter injunction is identified with a parental command. It is therefore true to say that, in the usual analysis, there

are *isolated* occasions when the analyst abandons his attitude of neutrality and makes certain more or less binding suggestions to his patient, or, in other words, plays the part of parent or super-ego.

This would only be true of analysis from 1919 onwards, i.e. from the time when Freud gave the full sanction of his authority to these somewhat changed attitudes. Now, with regard to the phobia instruction, this was no new departure. In 1910 he had already made practically the same suggestion on grounds of expediency. Analysis, as he said, had been developed for the treatment of conversion-hysteria and required this modification to meet the necessities of anxiety-hysteria. In 1919 he made the original suggestion more stringent, and added that in obsessional neurosis, when the neurotic compulsion had been transferred sufficiently to the analysis, the new compulsion should be played off against the old one. But in this paper he was already influenced by the views of Ferenczi on active technique ; so that his formulation on privation is a much more recent one and one, I imagine, which had far-reaching influence on subsequent investigations of active therapy. It would be well for us to note the exact indications Freud laid down on that occasion. First of all, the state of abstinence did not imply doing without any and every satisfaction. Secondly, it had to be related to the symptom-picture ; *it had to keep alive the element of frustration*, the original trigger-impulse of the neurosis. When the patient had obtained some relief from his suffering we had to see that he did not obtain effective gratification by substitutive displacement in various activities, interests, pleasures, habits. These were to be energetically opposed by the analyst. So we see that there was little question of remaining detached throughout the analysis, but that the abandonment of neutrality was subject to certain checks, that frustration had to tally with the symptom-picture and did not mean simply sexual abstinence, in the popular sense of the word ; it was directed at substitutions for symptoms.

It is only fair to add that from this time on a certain amount of confused counsel has existed on the whole subject of interference. This is due to the fact that Freud's pronouncements on activity were stimulated by the earliest of Ferenczi's papers, and that since then no authoritative opinions have been expressed other than the views brought forward by Ferenczi. It is true that in a recent paper on 'Lay Analysis' Freud made a somewhat disconcerting comment on the shortening of analysis : 'The best way to shorten analysis is to carry it out correctly'. But, apart from the fact that active methods

have been suggested not merely to shorten analysis, but in some cases as the only means of achieving successful analysis, there is no unanimity on the amount of interference which is included in 'correct' analysis. The rules as to frustration are variously interpreted by analysts, and the manner in which they are applied varies from the most tentative suggestions to much more sweeping recommendations. In this connection it is instructive to note that a high percentage of the technical problems that are brought forward in analytical discussions relate to questions of analytical 'interference'.

At this point we must follow the development of 'active' technique as suggested by Ferenczi. As the result of his investigations of some cases of hysteria, he formulated a new rule, viz. watchfulness for larval forms of masturbation giving cover to libido and possibly displacing the whole sexual activity. These forms were to be provisionally forbidden to prevent short-circuiting of pathogenic phantasies. Then followed his first general sketch of an 'active' technique, which was doubtless stimulated in part by Freud's general support of the principle of frustration. Active technique now involved the activation and control not only of erotic tendencies, but also of highly sublimated activities. Two stages of the technique were indicated, viz. 'painful' tasks followed by 'painful' abstinences, commands by prohibitions. In the first stage repressed instinctual components are converted into conscious wish-formations, and in the second the awakened excitations are forced back to infantile situations and repetitions. Both stages induce privation, but it may only be necessary to forbid an existing activity. The technique must be used sparingly as an adjuvant, and only when the transference has become a compulsion. It is often indispensable in anxiety-hysteria and obsessional neurosis and has an especially suitable field in character-analysis. In this paper Ferenczi dallied slightly with a suggestion made by Freud, that with due precaution and in certain difficult cases it might be possible to use some slight pedagogic guidance, but on the main point his idea is simply to counter the pleasure-principle, in order to carry analysis forward. It increases resistance and conflict, hence should not be employed by beginners, or only with great precaution.

The next stage in the development of Ferenczi's views is to be found in his joint publication with Rank of the *Developmental Aims of Psycho-Analysis*. Here analysis is divided off into stages, in the first of which cathexis is withdrawn from advanced ego-positions (personality, neurosis), i.e. from ego-outposts, and is guided back to the

Œdipus situation and its fore-stages. The active interference required here 'need not go beyond that degree of parental authority existing in the transference'. The first stage leads to the establishment of the transference, at which point libido-resistances arise, owing to the patient's refusal to recognize the unattainability of transference demands. Explanations and translations are only a first resource, and the analyst ceases to be passive. In his own words, 'the physician then to a certain extent actually fills the rôle thrust upon him by the unconscious of the patient and by his flight tendencies'. We must do more than uncover an 'Œdipus complex' or interpret its repetition in analysis: we must separate infantile libido from its fixation on the first object and occasionally take measures of activity (injunctions and prohibitions) 'to uncover traces' of the Œdipus relation. When the time is ripe, the last phase of libido-weaning is accompanied by an active step of setting a fixed term to the analysis itself.

This brings us down to 1925, when Ferenczi published his *Psycho-analysis of Sexual Habits*. Starting from investigation of certain anal and urethral habits, as discovered in analysis and as subjected to his injunction-technique, e.g. the holding up of stools, etc., Ferenczi concludes that in this way we can open up otherwise impassable channels of communication between character-peculiarities and neurotic symptoms and between instinctual impulses and infantile development. These methods are therefore of special use in character-analyses. Moreover, he found that the child's identification with its parents has a *pregenital* preliminary stage of rivalry, which also sets up a severe sphincter-morality. Cases suitable for the method should evidence some displacement backwards of castration-fear to anal and urethral excretory function. Going on to the subject of sexual gratification, he modifies Freud's views on direct sexual abstinence; he regards it as unfavourable if patients can enjoy sexual pleasures during analysis. On the other hand, it is not essential to prevent gratification of onanism if this has been prevented by anxiety; if, however, toleration has been induced, complete abstinence must follow. He again emphasizes the importance of studying the patient's movements in analysis. Habit being intermediate between voluntary action and instinct, but nearer to instinct, he regards habit-analysis by his methods as 'analysis from below', as distinct from the analysis of ego-reaction 'from above'. The latter is the classical method which should be adhered to until the patient begins to make himself 'at home' in analysis. Then one should make an 'active' start with the

patient's relationships to family, friends, colleagues, superiors, etc., going on to personal habits of eating, sleeping and physical gratifications. The analyst in special cases may use the instruments of friendliness and severity, chiefly in psychopathic cases. Habit-analysis is of less importance in hysteria, but obsessionals may benefit favourably. Then, as to the time-limit for analysis, the patient must have arrived at the stage where transference-resistances alone prevent conviction. A preliminary hint may be given of approaching termination.

In his last paper on 'Contra-indications to Activity', Ferenczi seeks to correct some critical impressions and, as the result of further experience, to modify some of his views. He admits that the patient's resistances are increased, that activity proves to be a disturbing or destroying agent of the transference; hence it should be avoided at the beginning, but is inevitable at the end, of analysis. He has, however, abandoned the method of 'ordering' and 'forbidding', but gains the patient's intellectual understanding first, and always leaves an avenue open for withdrawal in case of insuperable difficulty. In regard to the fixing of a termination, he has found that this may often miscarry, and he has modified his views on this point, but without giving us any very precise indications to follow.

By way of addition to his technique, he now suggests relaxation exercises directed against muscular tension, and refers to the active investigation of obscene words in cases of tic, stammering, obsessional neurosis, impotence and frigidity.

From this brief summary the most important conclusion to be drawn is that no settled policy has been arrived at, even by the originator of the method, and that we must wait a more systematic exposition from his pen. In practically one breath we are told that 'analysis from below' is in most cases essential, but that it may not be possible to pursue it successfully. This may well be so; anyhow the finding is one which in the meantime relieves all but research-analysts from the necessity to commit themselves to his *full* technique. On the other hand, it is equally certain that his methods have been amplified very much in recent years, and we cannot escape coming to some decision as to the extent to which we might legitimately use his privation and frustration technique. To take an extreme illustration, a Ferenczi analysis might imply that towards the middle of the second stage, or a little later, we proceeded to apply an increasingly vigorous series of frustration measures which did not stop short of the end of analysis. Compare this method with the suggestion made by Freud

that, guided by the patient's own attempts to displace, we should put obstacles in the way of displaced gratification and so reinduce frustration. In theory there is no essential difference between the analytic situations involved: they both imply playing the part ascribed to us by the patient's unconscious. Moreover, we can see that Ferenczi was logically following out the tendency thus countenanced by Freud. But in practice there are certain differences. The first is quantitative, that in Freud's method the amount of interference is much less; so much less that his technique is still regarded as passive when compared with the Ferenczi technique. The other difference is that Freud's method is limited by essentially clinical considerations; the frustration he wishes to maintain is roughly the amount which originally stimulated pathogenic reactions. Ferenczi, on the other hand, whilst relating his technique to states of stagnation in analysis, has recourse to measures calculated to produce frustration in a person who has shewn no clinical symptomatic reaction. In respect to habit-analysis, he goes 'all out' to uncover remainders of the original primitive pleasure-ego, which have, as it were, escaped the attention of later ego-institutions. As we know, these remainders are especially important in character-analyses, but they are also present in any normal individual, meaning by normal any one who is free from symptoms, unhampered by mental conflict, and shews satisfactory working capacity. In fact, it is arguable whether under existing civilization these pleasure-ego remainders do not contribute considerably to the mental balance of the 'ordinary' individual.

But, whilst in Freud's method more attention is paid to this question of the balance of frustration, Ferenczi's extensions may still claim to be regarded as *ad hoc* measures. This is a matter which can be decided only after more extensive investigation of unsuccessful analyses observed with each method; but in the meantime we can go on to consider whether Ferenczi's methods can be logically extended in other directions. We have seen that Ferenczi starts with the performance of certain activities within the analytic room, and on occasion does not stop short of permitting or inviting certain types of patients to strike him. Again, his interference with extra-analytical activities is very extensive, ranging from various bodily habits to all sorts of sublimations, and ultimately to complete control of the patient's psycho-sexual life. Many of the examples he cites are admittedly measures adopted in extreme cases, but, for my own part, I cannot see that there is any logical halting-place to the system, although certain

limits might well be imposed by empirical necessity. Where a patient, for example, combines strong exhibitionistic impulses, or their reaction-formations, with a combination of guilt and defiance relating to infantile auto-erotic manifestations, I cannot see any logical objection to the re-enactment of such scenes during the analytic session: they would certainly stimulate guilt and gratify hostility. And ultimately, if we may permit a 'sample' attack to be carried out in analysis, there seems to be no logical reason why one should not countenance sexual aggression on the patient's part. Again, if we may as an analytical manoeuvre hold up sexual gratification, there seems to be no logical reason why we should not introduce certain positive exercises in this direction. One has only to recall how in normal fore-pleasure certain elements may be over-inhibited, owing, for example, to contamination-phobias, to see that anxiety-positions might be stimulated by appropriate suggestions in this direction.

I have chosen here certain exaggerated examples because I think that we may in this way give point to a possible theoretical disadvantage inherent in active methods involving abandonment of neutrality. After all, apart from social considerations, why should we stop short of re-enactments of the kind just indicated? The answer to this question is contained in Freud's description of the processes of repetition and working through. We are bound to allow the patient time and place in the transference neurosis to work through certain repetitive scenes, but all the while we endeavour to stem this repetition, to convert it where possible into the psychic work of remembering. I take it then that in certain 'active' measures we are, however justifiably, encouraging the tendency to re-enactment. Now the more re-enactment we permit, the more we encourage 'anchoring' to a present-day situation. The objection to an unanalyzed transference is precisely that we unwittingly encourage a second fixation in the transference-neurosis. 'But,' the activist says, 'there is no danger if all the time we are aware of what we are doing and interpret the reactions produced down to the last vestige. Besides, we can't get on without it'. It may be so, but we shall have to wait for additional evidence from both sides before we are entitled to recommend the complete 'active' method to commencing analysts or as a routine procedure to all analysts. In the meantime it has to be noted that, although Ferenczi is prepared to consider (as Freud too has been) the positive advantages in certain cases of a more friendly *attitude*, he has always been careful to say that we cannot at any time give way in

action to the patient's demand for fulfilment of positive transference demands. This is, for reasons we have indicated, a perfectly sound doctrine, but it does bring to the fore a problem concerning the use of active therapy in masochistic and passive homosexual types. For these an authoritative attitude is peculiarly significant, and might be regarded as a transference-gratification.

All that we have discussed so far has had reference to measures of activity which involve abandonment of neutrality on the analyst's part. We have said nothing of measures which although seemingly 'active', do not involve this abandonment of analytic neutrality. As an example of this sort we may choose Ferenczi's method of *forced phantasy*. Ferenczi has made many suggestions as to variation in the handling of associations, but one of the most striking was that applicable to patients with a seemingly impoverished phantasy-life. In such cases, in the later stages of analysis, he found it advisable to make the patient deliberately expand some idea which seemed to be the key to a phantasy. If he did not gain any result by this means, he would not hesitate to suggest himself the general lines the phantasy should have followed, and then insist on elaboration along these lines. The types of phantasy were, (a) positive and negative transference-phantasies, (b) infantile phantasies, and (c) onanistic phantasies. As such measures are really on all fours with interpretations, it seems to me that they are entirely legitimate, although naturally one should be chary of giving the broad lines of a repressed phantasy unless one is sure of one's ground. But, of course, the same qualification applies to any interpretation. With regard to the deliberate stimulation of phantasy, this is useful, not only in the later stages of analysis, but it can often be employed with effect in difficult first stages, although here it is done much more tentatively. Personally I am in favour of judicious use of the method at any of the difficult phases in analysis. This holds especially for transference difficulties. For example, when the patient, discussing say some course of action, suggests casually alternative plans, but dismisses one as irrational or unimportant, one can then legitimately say: 'Let us suppose for the moment that you took this course, what occurs to you on the subject?' The same policy may often be applied with advantage to a slip of the tongue, when the patient brings no spontaneous associations to the slip: the question can then be propounded, 'What do you imagine would have happened had such and such actually been the case?' Ferenczi has made many other suggestions of a valuable kind in reference to the use of the association-

rule, and certain interruptions which can be made with advantage, especially in the analysis of obsessional neuroses. These can be found in his volume of *Further Contributions* recently published in English.

This policy of paying meticulous attention to details of analysis, of going out of our way to produce phantasy-material, brings us back once more to consideration of really ' active ' therapy. I think it will be admitted that until Ferenczi drew our attention more closely to such details many of the previous passive analyses had erred on the side of being too passive, in the sense that many minor analytic manifestations had not been turned to legitimate advantage during treatment. It is true that slips and other similar indications were, as a rule, exhaustively analyzed, but there was no *systematic policy* of investigating continually all sorts of silent indications, attitudes, gestures, movements, facial contortions, etc., at the time when these needed systematic attention. Now the question immediately arises, Had such systematic policies been pursued, would the number of stagnant analyses have been so great as to make the consideration of ' active ' measures quite so urgent a matter? Is it possible that with more careful attention to detail in analysis coupled with more vigorous transference-interpretation, and on occasion employment of ' forced ' phantasy, we should be able to revise our estimates of difficult analyses, hence to avoid what are admitted by their author to be the difficulties of adopting ' active ' devices? I think that this is more than probable. To take one example: in the section on transference-neurosis I pointed out that when this artificial neurosis is established every thought or action in the patient's analytical life or reference to thought and action in his extra-analytical life will be found to have some bearing on the transference. I also added that in most analyses difficulties arose when (owing most likely to some lack of conviction on our own part) we neglected to make sufficient capital out of these circumstances. Obviously then the time to turn these to advantage is during the second stage of analysis, and especially during the latter half; but, as with the use of forced phantasy, it is often advantageous in difficult cases to use some of these methods quite early. Abraham long ago pointed out that in cases with intense unconscious hostility it is essential to make clear to the patient at the earliest moment the transference-significance of this hostility. But to return to the average case, I am strongly of the opinion that *faint-heartedness in making transference-interpretations is responsible for more stagnation in analysis than any other attitude*. I have previously given illustrations of the

accuracy of transference-interpretations of apparently trivial manifestations occurring during the analytic session, but I want to emphasize now that much legitimate activity is permissible in this direction. We know that, in the case of dream-interpretation, it is often advisable to jettison the greater part of a long dream-narrative, and to be content with fractional interpretation, and we know that Ferenczi, in cases of copious phantasies, often directs his patient to seize on one point where most guilt seems attached. In the same way it is often advisable when the transference-situation is over-congested not to wait for a prolonged train of associations, but to start transference-interpretation of a single phrase or attitude occurring at the beginning of the session (with or without guilt manifestations). This is especially valid in obsessional cases where the subject of the whole session's ruminations is already clearly indicated in the first few seconds. We need not, of course, make a habit of this, or indeed of any other policy in analysis, including 'active' measures, because as soon as the patient has grasped the new idea he immediately plays up to it and endeavours to fool us, casting associative bait at the beginning of each session. In general, however, this and similar policies may be pursued with advantage, especially the investigation of minor reactions to the analytical room, to noises heard and commented on, to household arrangements, the population of the waiting-room, the street, and so to the world at large. The point is, however, that we do not permit dwelling or anchoring on these subjects, but as soon as we are sure of our ground use any one detail to make a breach in the defensive rampart of transference-phantasy. Everything is grist to the mill, and everything that escapes the mill remains as a representative in consciousness of unconscious interests. Incidentally, in practising this technique, we are able to satisfy ourselves on numerous occasions as to the advantage of not mixing up reality-explanations with the consideration of transference-phantasies. When recently I changed my consulting-room, it became apparent that of the numerous problems which intrigued almost every patient the position of the water-closet had a distinct preference. On some occasions the matter was brought directly into analysis: where was the lavatory? In no case was any reality-comment made: the matter was followed up purely from the point of view of phantasy. In other instances the lavatory was briskly sought out and turned to regular use; this action was likewise investigated from the phantasy point of view. A third group made no reference to this important institution; needless to say, the individuals

concerned shewed other signs of repressed anal phantasy. Now, as we are dealing with the subject of 'active' technique, we might inquire whether it would not be possible to extract some advantage from the fact that important phantasies are displaced to unimportant reflections on analytical furnishings. Why not keep a stock of more or less obviously stimulating objects calculated to attract the roving eye of infantile rumination? Now, whilst such objects would certainly stimulate, they would not only stimulate infantile libidinal interest, but clinch a transference-phantasy and anchor it to reality, e.g. the phantasy that the analyst (i.e. the parent) was a born exhibitionist. In fact, the great advantage of not doing so is just that phantasies concerning conventional decorations, when uncovered, are productive of infinitely more conviction in respect to their displacement.

To come back, however, to the line of argument: it seems likely that if our scouring of the analytic situation and everything connected with it were more thorough, it might be possible to induce conviction without having to employ general measures of activity such as Ferenczi describes. On the other hand, this is a point concerning which Ferenczi is quite emphatic: he says that transference-interpretation and historical reconstruction are not enough to produce conviction, and we are bound to take cognizance of this weighty opinion. Assuming then that we must do something else to bring about conviction, how is it to be done? Here we have to record the most remarkable change in Ferenczi's technique: from exercising the full strength of his personal authority, backed if need be by threat of discontinuance of analysis, his commands and prohibitions have become merely strong 'suggestions', and are now prefaced by a process of obtaining the patient's intellectual assent. This is more a quantitative change than a qualitative one, because ultimately the reasoning and reasonable parent can provoke as much (sometimes more) infantile reaction as the rough-and-ready type. Nevertheless it is an important change and suggests the possibility that further modification is feasible. My own experience of calling attention in analysis to *any* external happening simply for the purpose of obtaining associations to that event is that patients frequently react as if they were being criticized; moreover, in spite of the analysis of this infantile reaction, the next time that situation or a similar one arises, they make a point of altering their conduct in some respect. In a negative phase they will repeat the situation in a more pointed way, whereas in a positive phase they will modify it. You can produce reactions of this sort at any time by com-

menting on the smallest details of analytic behaviour. Tell a patient that his foot is resting on the floor, and depending on the nature of the transference, he will either lift it back hastily or plant it a shade more firmly on the ground ; on subsequent occasions the position of the foot will be found to have acquired enhanced significance.

These observations could, I imagine, be turned to advantage in dealing with situations where, for reasons of analytical 'drainage', some privation seems to be indicated. Suppose, for example, a patient suffering from partial impotence becomes involved in relationships of a promiscuous type, ostensibly in order to 'test' his progress or 'further' the analysis of his inhibitions. One could first call attention to the significance of these external situations historically, i.e. interpret them, then indicate their significance as a dynamic defence against analytic progress as a whole, or again point out their significance as transference-displacements. Assuming that the situations remain unchanged, we are not yet at the end of our tether ; we can call attention to the fact that, in spite of previous analysis, this type of defence *persists*. Finally, we can draw attention to the *possibility* of abandoning these defences and allow an interval for further analysis before directly suggesting the *advisability* and ultimately the *necessity* of taking this step. Moreover, it does not follow that, having once been reduced to authoritative recommendation, we should on any subsequent occasion for interference omit the intermediate steps. We can begin all over again, but of course proceed more rapidly along the series, i.e. allow less time for working through. *I would suggest then that we should persistently endeavour to get the expected advantages of active therapy without stepping aside more than is necessary from analytic neutrality. This would apply not only to external libidinal dispositions, but to the testing of symptom-formations and to the analysis of habits.* One comment, however, falls to be made : if for some reason or other, perhaps that we have under-analyzed the transference or that the patient's instinctual drives get more compulsive expression than usual, the external situation piles up too quickly, we must simply recognize that the analysis is about to be jeopardized and take the risks of more immediate and emphatic recommendation.

But let us assume that the most difficult situation arises, that we are convinced of the necessity for active measures and that we cannot get round that necessity. What sort of general policy should we adopt ? I take it that by this time we are well in the middle of the transference-neurosis, that there exists a dependable amount of posi-

tive transference or, what is a more reliable guide, that a good deal of negative transference has been ventilated. The next step is to choose the moment. Obviously it must be connected with some hitch or stagnant period, but it is equally necessary that no immediate transference-material should remain unventilated, e.g. that no increase in negative feeling should have occurred owing to our attempts to get through the difficult phase. When we are satisfied as to this and a temporary lull occurs we can then make our direct recommendations and prepare ourselves for the increased transference-reactions of a prevailing negative type which will ensue. But what is a stagnant period? It is a period when a careful review of all analytic manifestations, associations, slips, transitory symptoms, symptom-picture, can shew no sign of progress, when there is nothing explosive to be observed at any point and when there is no increased defence at any point. When such a situation persists we may fairly diagnose stagnation.

It follows then that in preparing to adopt any form of activity in the systematic way suggested by Ferenczi we must take precautions similar to those which I indicated as being necessary before deciding that any analysis has reached the terminal phase. And this reminds me that in discussing the means by which we can check our impression that the end of an analysis is near I omitted any consideration of ways and means by which we can assess or test the state of symptom-formation. Also I have given no very precise indications as to application of these symptom-tests. I propose therefore to remedy these omissions by a brief review of a typical analytic situation. To go back then to the opening phase: it is clear that there is little scope here for any interference calculated to keep up the level of frustration. There has been no breaking down of fundamental defences, and the symptoms are still pressing. In difficult and refractory cases we may find ourselves compelled at the outset to be very active in the interpretative sense, but the only scope for active interference in the super-ego sense is where we believe that extra-analytical difficulties threaten to obstruct the analysis altogether. We may then point out that a specific situation, e.g. a very stimulating domestic environment, is an important obstacle to progress. In the ordinary way we should prefer to examine this situation through the analysis, but in difficult cases we may not be in a position to wait and may be compelled to indicate that some respite from this stimulating situation is necessary.

Coming back then to the ordinary case, where we have so far done

nothing very active, the first defences may have been reduced, symptoms may be alleviated at the end of the first stage and the transference-neurosis automatically established. Here we expect to see an attempt to sidetrack libido into external situations, and, provided we are unable to reduce this defence through the analysis itself, it may be necessary to make recommendations—only, however, if the success of the analysis is definitely threatened. As a rule we are able to deal with the situation through analytic discussion, in which case we proceed with transference-interpretation and historical reconstruction. Allowing suitable periods for working through difficulties, we arrive at the later stages of the transference-neurosis, where we are busy with analysis of infantile ego-attitudes. On this, as I have said, much of the effectiveness of the analysis will depend, and at this point it is convenient for us to have some more definite idea as to the real state of affairs. For one reason, it would be risky to be satisfied with the degree of ego-analysis attained if effective substitution of repressed impulses was taking place. Moreover, we want to know whether the symptom-formations which may be present are really depleted, whether, as I have said, they are mere husks behind which the ego takes shelter from the problems of new adaptation. At this point we can take the first convenient opportunity of getting the patient to face up to what have previously been stimulating positions. We shall thereby not only advance the analysis, but be able to take soundings as to the amount of work still to be done. Reviewing the second stage, then, we see that the first line of interference is related to *sidetracking*, and the second to the *heading-off of symptom-substitutions*, which at the same time enables us to check the strength of previous or existing symptom-formations and so ultimately arrive at a decision as to the length of analysis. So far we have followed the customary and accepted technique. If now, in spite of these measures, we find that difficulties remain and we cannot make progress, it is for each analyst to decide according to his experience and judgment whether he will adopt Ferenczi's system in part or in its entirety. If he does not favour the method, there is no alternative but to stick to his previous policy, paying redoubled attention to transference-phantasies until either he resolves these difficulties or external pressure comes to his aid and forces the patient to loosen his defensive grip to some extent. If he does follow Ferenczi at this point, he will be well advised to take constant stock of any tendencies to counter-resistance on his own part, and if he does succeed in getting things going, to retire immediately

to his customary neutrality until he is again forced into the super-ego rôle. Assuming then that the analysis moves and the second stage is advanced sufficiently, we may come to the conclusion that the end is in sight and proceed as suggested in the last lecture, remembering always that this decision as to termination has nothing to do with 'activity' as such, and that it is arrived at as the result of a clinical review of the whole case. As I remarked before, the opportunity for observing these cases to a typical termination is much rarer than is imagined. As a rule external pressure contributes considerably to the shortening of the second and last stages.

Looking back over this lecture, I find that I have made no reference to methods suggested by others than Ferenczi. In fact, there are not many such, and they fall easily into the groupings we have indicated. But I have omitted two points of some interest: (1) how far we may be able to turn to advantage in adult analysis the findings of Melanie Klein on child-analysis, and (2) how far we can employ various devices involving a positive super-ego attitude on the part of the analyst, e.g. relaxations of technique, advisory or pedagogic guidance. The first point will be dealt with by Mrs. Klein in her lectures on child-analysis; and as the second necessitates some consideration of 'borderline' cases, it may be deferred to our next and last lecture.

VIII

ANALYTICAL CRISES AND EXCEPTIONAL CASES

In the earlier lectures I endeavoured to put before you the idea that psycho-analysis is essentially a labile psychic situation, initiated by the analyst, driven forward by the patient's instinctual forces and following a course which is more or less characteristic and is divisible into rough stages. Variations in individual analyses depend partly on the different types of modification these instincts have undergone or, in terms of ego-organization, on the different types of regulation which have been standardized by the patient's ego in course of development. But they also depend on the amount of charge which the analyst taps by means of his technical procedure, or, again in terms of ego-instances, the amount of regulation or dosage the analyst adopts. It has been suggested that the most valuable analytical sense is a sense of movement, and that many of the crises of analysis can be avoided or surmounted by cultivating this sense of movement, recognizing the signs of sluggishness or stagnation and the signs of overcharge or tension.

In regard to the recognition of approaching crises, it is well to resign ourselves to the fact that, with the best will in the world, the patient does not afford us any material assistance on these occasions. Throughout a large part of every analysis his defences are almost entirely automatic, in the sense that they are put into effect quite irrespective of conscious attitudes: consciousness is merely aware of the end-products of defence, although it may during their operation have experienced varied affects. Indeed, it is a satisfactory sign of progress in analysis when defensive reactions become more and more apparent, when the archaic machinery becomes more rickety and creaks in most of its joints. But during the automatic stages the patient's mental organization is entirely opportunist and shews a remarkable readiness to meet any of the dangerous emergencies which it scents out in the analytic situation. *To counter this readiness the analyst must develop a certain counter-readiness.* Unfortunately, the crises of analysis are not quite comparable with the crises of organic illness where a temperature may sky-rocket before death or collapse before convalescence. In their mode of onset they resemble rather those unobtrusive but fateful processes in organic affairs which can be recognized only by sharpened clinical sensibility or by minute laboratory investigation, e.g. a smell, or some turn in the hue of lips, a slackening of muscles, the discovery of chemical products in the blood or urine, or the result of bacteriological cultures. It is true that the crises in analysis may become extremely acute and exaggerated, but, unlike crises in organic illness, they make their appearance in unexpected quarters and at moments when we have been lulled into a sense of security and stability.

So the analyst must be ready for all emergencies, and in a typical case of conversion-hysteria he will find his resources amply taxed, although in fact the classical technique of analysis was developed to meet just this clinical condition. But, as we have seen, the therapeutic field of analysis has continued to extend its boundaries, and in spite of the fact that analytic technique has preserved the same line of approach to the region of the unconscious and that the key-positions of psycho-analytic teaching (e.g. the facts of infantile sexuality) have never been abandoned, it was inevitable that the method should undergo certain *ad hoc* modifications. The extent to which these have been so far standardized was our main concern during the last lecture. Again, we know that our analytic case-material is rarely typical; the classical transference-neuroses most often fall by the wayside, and the

more difficult types of case, being on the whole shirked by general psychotherapists, tend to preponderate on the analyst's list. This high percentage of difficult and refractory case-material, whilst ultimately to the good, has certain drawbacks. It is apt to discourage the commencing analyst or to induce callosities on his analytical perceptions. At the very least it confronts him at the beginning of his practice with the most complicated of analytic problems, and may force him to dally with technical expedients which are rarely necessary in the analysis of more downright neurotic states. For this reason I have devoted one lecture to so-called 'active' procedure, and shall have occasion to return to the matter for purposes of orientation in analytic policy.

The obvious advantage of handling *some* exceptional cases quite soon is that it teaches us how to deal with the critical phases which sooner or later are bound to crop up in every analysis. In view of this fact, I suggest that we devote the present lecture in the main to consideration of exceptional cases rather than dissipate our energies on a mere catalogue of sundry crises. Before doing so, I would point out that the critical phases occurring during the analysis of simple neuroses can be regarded from two points of view, viz. their position in the sequence of analytical events and the nature of their manifestations. I have already commented on the appearance of a critical phase when the first impetus of analysis has died down or, alternatively, when the transference-neurosis is brewing. With regard to the clinical appearances of crises in general, I shall content myself with the barest mention of some extreme examples. In conversion-hysteria critical phases are manifested by an exacerbation of physical symptoms which may entirely prostrate the patient. Obviously, this manoeuvre can be most successfully carried out when there is some organic element in the symptom-picture, e.g. fixation-hysteria. In anxiety-hysteria the sudden appearance of large quantities of free anxiety may cause an equally effective prostration; e.g., an agoraphobic may be unable to leave her room. In obsessional neurosis a fresh or rejuvenated set of ceremonials may eat up the analytic energies, a depressed case may ventilate suicidal preoccupations (or a hysteric threaten self-destruction). An active homosexual will plunge into agonies of remorse and guilt or dissipate his energies in moral quibbling (super-ego hyper-activity). A case of partial impotence will develop temporarily complete impotence, etc., etc. All these are, of course, positive manifestations which may threaten the success or continuance of analysis,

but, as has been suggested before, there are many characteristic negative signs, to say nothing of the appearance of mixed reactions.

Coming now to the study of *exceptional cases*, we are faced with the necessity of picking out representative samples from a heterogeneous assortment of material. The characteristic they have in common is the absence of pure neurotic formations. Either they have no very obvious symptoms to report, or the symptoms they describe suggest the existence of psychotic disturbance. Consider, for example, the *cases of emotional maladjustment* which so frequently come for analysis, and which so often prove in the long run exceedingly obstinate and refractory, or, in the customary phrase, shew a negative therapeutic reaction. A patient may relate that, in spite of an apparently uneventful childhood, everything began to go wrong in adolescence. Accentuated homosexual interests may have been manifested; the career adopted may have proved unsatisfactory; and the signs of maladjustment may have reached their climax when, after an unsatisfactory marital experience, the element of frustration became decisive. Temporary relief may have been obtained by divorce, but this is followed after a varying interval by a fresh entanglement leading ultimately to the same emotional impasse. Others may fight shy of separation, but complicate the situation by means of recurring infidelities or periodical regressions to homosexual experiences. Others may have fought shy of marriage and followed a repetitive policy of promiscuity of a prevailing heterosexual, homosexual or mixed type. In such instances, the processes of social adaptation are more profoundly upset. In still other instances, the psychosexual activities reported are of a strikingly pregenital type. A different group of patients come to analysis, not on account of psychosexual difficulties, the existence of which is often quite emphatically denied, but because of adaptation troubles which strike at the root of their working and earning capacity. Either they exhibit a decreased interest in or capacity for their profession, or they claim to have unimpaired capacity which somehow or other is thwarted by constantly recurring difficulties. The result in both instances is identical: they are faced with economic disaster which usually involves other members of the family or the circle of friends.

We need not amplify instances. What strikes one immediately is the compulsive nature of their emotional relations, the unsatisfactory situations in which they are involved and the fact that such patients, as a rule, consider themselves normal in every respect, and repudiate

beforehand any implication that they exhibit neurotic reactions. I have said that these so-called 'normals' are, next to psychotics, the most difficult patients to analyze, and it may be worth considering why this should be so. Here our experience with the analyses of neuroses should stand us in good stead. We may remember that one of the most difficult resistances to wear down is that which Freud has called the 'resistance of the Id': this resistance is closely related to the repetition-compulsion. The obvious signs of compulsive repetition of emotionally unsatisfactory situations should therefore warn us that *such cases will require prolonged working through*. There is, however, another factor of extreme importance. In the discussion of transference-neurosis, we had occasion to note not only that a repetitive factor is at work, but that, when this artificial analytic neurosis threatens to develop, the patient seeks to minimize its significance or indeed to evade all conscious appreciation of the transference by diverting libido into extra-analytical channels. If this diversion is not prevented by some means or another, preferably by the technique of interpretation, the analysis is bound to be abortive. Any permanent improvement is simply due to the amount of effective release secured prior to the libido diversion, i.e. to the amount of effective super-ego modification attained and the extent to which phantasy charge has been reduced. *The emotionally maladjusted person has already exploited this defence to the full. He commences treatment in a situation which in an ordinary analysis we recognize as being fraught with peril.* In the third place, there is either directly or indirectly a punishment element to be observed in all of these external situations. As, however, the punishment seems to be one which is not self-inflicted and the patient regards himself as the victim of circumstances, we can see that another analytical situation has been anticipated. In the 'transference-neurosis' we have observed that at a certain stage the analyst is put in the place of the patient's super-ego, and an attempt is made to force the analyst to act up to this rôle, e.g. to play the part of critic and aggressor. *The maladjusted case commences analysis with this projection in full swing.*

How then are we to deal with such cases? The 'Id resistance' can in itself be countered only by a sufficient working through in the transference, but the transference-defences are already doubly reinforced. So that, in addition to the usual analytic situations, *we must pay special attention to the system of libido-diversion and to the guilt-punishment system.* Incidentally, it is a commonplace that, whilst

such patients consider themselves symptom-free, it requires only the slightest attention to perceive that they suffer from many minor symptom-formations which have been obscured or minimized by the existence of grave emotional disturbance. They have, in fact, many anxiety-formations and a considerable number of obsessional characteristics. These symptoms are a godsend to the analyst: they provide numerous openings for the customary analytic procedure. But they must be carefully nursed, and there should be no systematic attempt to alleviate them. On the contrary, they serve as *transference-indicators*, and our purpose should be to bring about their exacerbation. Again, their alleged normal psychosexual life is sooner or later found to be interrupted by varying types of inhibition. Here again we have a situation which must be very fully and carefully exploited in the interests of analysis. To put the matter rather crudely, one of the signs that the case of maladjustment is making favourable progress is that he begins to form neurotic defences, i.e. turns ill.

Now, with regard to the external situation, we may learn much as to its analytical handling from experience of cases coming simply for consultation. We are all familiar with the homosexual types who come for consultation on account of emotional upset occurring at one or other of the periodical 'break-away' movements in their series of relationships. They state quite frankly that their homosexual activities would be entirely satisfactory if only they did not get so upset when the periodical trauma occurs. They don't mind being analyzed if they can be freed from this emotional disturbance, but they must have a guarantee that analysis will not affect their type of gratification, a guarantee which, needless to say, cannot be given. Other individuals arrive for consultation because of the same element of upset in love-life; the difficulty is associated not only with their own reactions, but with the reactions of the object, who has certainly been chosen because of these specific qualities. Here again they demand a guarantee that nothing will affect the relationship itself. If such cases actually come to analysis *our efforts must be directed against the element of concealed gratification in these external situations*. At the earliest possible moment we must make this gratification-element clear. Now, as a rule, these patients have a simple way of avoiding the issue. They attempt to *isolate* it so as to preserve it from solution. They have come to analysis full of grief and misery, yet every time they approach the present-day situation we have the impression that they have not discharged a tithe of their pent-up emotion. Gradually we observe

that less and less reference is made to the subject, not merely because the analytic technique is leading to a diversion of interest, but lest the discharge of affect (apparently justified by present-day conditions) would exhaust the cathexis of the reality situation, and so lay bare its unconscious components. The opposite type of defence is seen where patients spend an inordinate amount of time in affective discharge, going into elaborate and explanatory detail, all of which is accompanied by profuse emotional reaction. In extreme instances this may go on for some months. Here we must not be misled by the apparently free discharge. On the one hand, it is almost invariably related to strongly repressed sadistic elements, and on the other, the discharge itself is more apparent than actual; when we come to investigate more closely, we shall find that the emotional charge is far from depleted. Patients of the latter type usually present hysterical characteristics, whilst the type first described have a more obsessional disposition.

When maladjusted cases shew some disposition to sidle away from the emotional situation, *we must encourage them to exhaust their feelings on this subject and particularly to give free play to their phantasies about the ultimate outcome.* On the other hand, *when their emotional discharge is excessive, we must, having allowed a legitimate interval, begin to curb this discharge by interpreting its significance as a sadistic reaction-formation.* This must be done as early as possible to clear the ground for interpretation of the punishment-tendencies which become more apparent when the emotional charge has been reduced. Almost simultaneously we shall find ourselves preoccupied with transference-material, most frequently of a negative kind. This is not surprising, because, as we have seen, such patients *commence* analysis with a disposition of mental defences which in the transference-neurosis is seen more clearly during the *second stage* of analysis. So with due caution *we must be prepared to give deep transference-interpretations, making clear as soon as possible the nature of the unconscious hostile impulses.* If we do not take some such course, we are apt to find ourselves going through what appears to be an interminable first stage and to land ourselves ultimately with no alternative but to be satisfied with some degree of intellectualistic conviction on the patient's part, in other words with an incomplete and unsatisfactory analysis.

Now with regard to the use of 'active' measures: maladjusted cases would appear to provide suitable opportunities for investigation of active methods. For my own part, I think that they do offer scope

in this direction, but only under certain conditions. It may be necessary on isolated occasions to take some early opportunity of regulating the external situation, but, on the other hand, we have to remember that *their manipulation of this external situation is really a substitute for a symptom* and cannot be immediately attacked with the same success as external displacements from a 'transference-neurosis'. There are, in my opinion, three pre-requisites for successful interference: (1) free interpretation of punishment-tendencies once these become more obvious as the result of adequate emotional discharge; (2) the appearance of mild neurotic symptoms or the exacerbation of existing minor symptom-formations (or of existing psychosexual inhibitions); (3) vigorous transference-interpretation directed mainly to negative manifestations. When these objects have been satisfactorily attained, and a suitable interval for 'working through' has been allowed, we may aim at 'frustration' exercises, proceeding on the system of gradual approach indicated in the last lecture.

You may be curious to know why I have spent so much time on these cases of maladjustment. As far as numbers go, they cannot claim to be 'exceptional', and the patients themselves certainly claim to be normal individuals. Nevertheless, my own view is that, next to psychotic or borderline cases, they are the most difficult subjects for analytic treatment. In fact, it is no uncommon thing to find that, after a certain amount of effective analysis, some of them shew quite distinct psychotic mechanisms. *This is one of the reasons why we should not come too hastily to the conclusion that they are fit subjects for 'active' therapy.* To mention only a few instances: some of the types described as having very strong emotional reactions may sooner or later uncover mechanisms of a distinctly paranoid type. We find that there have all along been hidden systems almost bordering on the delusional, e.g. systems of reference, spying manias. Again, should a seemingly positive transference be established we must examine this with the utmost care; it may quite well cover an eroto-maniac mechanism. Above all, a rapidly established transference-situation must be regarded with suspicion. On the other hand, cases which at first sight appear to be mainly obsessional in type must be carefully watched when signs of depression appear. One should not be surprised to note the appearance of suicidal phantasies which may on isolated occasions be so strongly charged as to give rise to some anxiety. As a rule there is no immediate danger that these phantasies will be carried into action; nevertheless it is advisable to direct our attention more

carefully for the time being to the investigation of the repressed sadism, combining this with a judicious interpretation of the transference-significance of such phases. When these transference-phantasies become more highly charged than usual, it is easy to see that they have an early anal-sadistic background and are vehemently repudiated by the super-ego. The situation is similar to that social situation where an approaching marriage leads to suicidal attempts.

At this point we must begin to consider those modifications of analytic technique which, as we hinted in the last lecture, are more appropriate to the *treatment of psychotic types*. We then suggested that there might be occasions when it was advisable to play the part of the super-ego in a positive sense, viz. by means of relaxations of technique, the use of advice, encouragement or other direct employment of transference-authority to influence decisions and immediate conduct. But first of all let me complete what has to be said about maladjusted cases, which shew during analysis some tendency to psychotic reaction. To begin with, how are we to size up this reaction? when have we to take it seriously? Our instinctive analytic feeling will often guide us in this matter, but should we be unable to arrive at a decision by this rapid method, we must have recourse to one of these 'surveys' to which we have previously referred on one or two occasions. After all, we ought to have sufficient material on which to base a considered judgement. Starting with the question of fixation, we may review what facts have transpired as to the patient's psychosexual activities. If gratification has taken place, we know what type this has been, whether mainly genital or pregenital; if pregenital, what components have been accentuated. We can check these deductions from our knowledge of the patient's habits, actions and characteristics. If no gratification has taken place, we must fall back on observation of habits together with a survey of attitude to external objects. Then we have the 'miniature' symptom-picture which we can value in accordance with the preponderance of anxiety-formations, minor phobias, compulsive characteristic or depressed states. We shall have been particularly watchful for changes of mood and for hypochondriacal preoccupations. Finally, we have the analytical material itself: the dream-life and the nature of whatever transference manifestations have been exhibited. On these data we must depend for our ultimate conclusion: they enable us to control our instinctive judgement of the seriousness of the crisis. As I have suggested, in a majority of instances we shall be able to carry the

analysis through, but in some cases we must pay special attention to the particular type of defensive mechanism in the psychotic reaction. Having dealt with the crisis on these lines, we may again settle down to a prolonged process of working through.

This variation of extreme passivity, to allow of working through, together with careful but purposive interference at critical moments, is a good training for the handling of borderline cases. Now the word 'borderline' covers a multitude of suspicions and generally indicates that some regressional and restitutive characteristics have been observed which are reminiscent of the psychoses. But of course, as we know, there are few psychoses which do not present mixed or transitional features, so that the borderline diagnosis is simply a shade more uncertain than the diagnosis of larger psychotic groups. To avoid dissipating our energies on a scrappy review of different psychotic types, I propose to limit our consideration to the *milder depressive states*.

The analytic investigation of such conditions has not yet reached the stage when hard and fast guiding rules can be laid down. Hence it is true to say that our therapeutic endeavours are at the same time scientific investigations and that *our attitude is on the whole opportunist*. On the other hand, much more accurate information has been placed at our disposal in recent years through the pioneer work of Freud and Abraham. So that, whilst we are well advised to maintain the opportunist attitude, we must familiarize ourselves with the characteristic mechanisms which have already been established, and in accordance with which we may, in part at any rate, shape our policy. I take it we are all familiar with the processes of ego-ideal formation and the freeing of aggressive components which follow on the conversion through introjection of object-libido into narcissistic libido. The next point to bear in mind is the process of introjection of the object and identification with the ego which occurs in melancholia. This identification comes about the more easily that in such cases the original object-choice is of the narcissistic type. We are then in a position to see that where the freeing of aggressive components is specifically increased, as in the super-ego formation of depressed types, the characteristic appearances are explained by the turning of the super-ego on the ego which has taken the place of the object. If we inquire into the nature of this specific increase, we find that constitutionally these patients have a strongly reinforced oral-erotic interest, which tends to lead to individual fixation in the ambivalent

stage of oral development, that of incorporation and destruction (the second oral stage described by Abraham). Again, we find that when regression takes place it proceeds rapidly back through the second anal-sadistic stage of retention and mastery to the first anal-sadistic stage of expulsion and destruction. We can see then that the introjection of the object is a sort of restitutive attempt to preserve it, but on a narcissistic basis; the ego is identified with it. The restitution is, however, a source of danger, because it enables the super-ego to attack, a process which, if driven too far, ends in the destruction of the self and not of the object. We must therefore be on the outlook for extreme ambivalence in these states. Further, we know that such persons have experienced traumatic disappointment of their love-strivings from the time of their earliest exhibition, and that, as a rule, they have been unable to compensate for this by gratification in respect to the parent of the opposite sex. Moreover, their first disappointment having occurred before the Oedipus phase could be overcome, and at a time when the attitude to the father is extremely ambivalent, they remain fixed at the oral cannibalistic stage of ambivalence. Given then a later disappointment or depreciation of love situations, the way to regression is open. Whilst the introjective process involves both parental images, the main part relates to the mother-image, and the castration imagery which plays so prominent a part in the analysis of such cases relates mainly to castration by the mother.

These are but a few of the essential facts, which can be easily confirmed by the analytic observation of depressed cases. For example, the attitude of extreme ambivalence to objects is soon apparent, and the heightened significance of oral images is quite unmistakable. This provides one of the best opportunities of learning to decide on a point which is so often a difficulty in ordinary analysis, viz. whether a preoccupation with oral images is a defensive displacement or is the result of fixation. In depressed cases oral phantasies are evidenced in all directions; they are accompanied by extremely aggressive images and an attitude of bitter and implacable disappointment. Moreover, they are extremely refractory to interpretative handling, whereas in the ordinary displacement we are usually able to obtain some movement, however temporary, and some lighting up of genital images. As to the transference, it is easy to see that this is on a narcissistic basis, and that for some time our hold of the case will depend on this being undisturbed. On the other hand, we are faced with the difficulty that their object-relations prior to disappointment

were of an extremely unsatisfactory kind, owing to the ambivalent type of love-relation implied. So that as a case progresses we are inevitably faced with a repetition of these object-relations. We find ourselves identified mainly with the mother-images, and as these relations involve the expression of sadistic attitudes, it is reasonable to expect that increase in negative transference will be associated with crises in the treatment. Put in simple terms, as the transference-phantasies increase we shall be on the outlook for increased depression on the patient's part or for increase in self-destructive images and in some instances abortive attempts at self-injury. In an ordinary analysis it is taken as a rough guiding rule that positive transferences may for a time be left to themselves, but that negative transferences never can. And it is, of course, true that in many cases we can never really assess the significance of the positive transferences until the negative group have been ventilated. In the cases we are describing, the term 'narcissistic' transferences might be substituted for 'positive' transferences, whilst the 'negative' transferences contain vestiges of an archaic object-relationship. But they are explosive remainders. We are really in a constant dilemma (provided, of course, we are making any progress at all) : if we interfere too much, that is to say, if we do not live up to the narcissistic relationship, we immediately heighten the ambivalent reactions of the patient ; if we interfere too little, we are really abandoning him to his own defences against transference-phantasy : and these may take an unpleasant form. Again, if we interfere too much, we are ignoring an imperative necessity, viz. to allow patients to work through their traumatic and injury phantasies. So our problem is really to allow for all these varying necessities. How is this balance to be effectively maintained ?

Evidently *the first requirement is simply to maintain the analytic situation on the narcissistic level, to allow patients ample scope for elaboration and reiteration of their ideas, which will be found to stick closely to certain stereotyped patterns and situations.* But at the very beginning we must study the material very closely to see if we can discover *danger signals*, either in the form of recurrent types of dream or recurrent images. One suicidal patient, for example, always before crises in the analysis found her mind filled with certain snatches of music, which at a later stage she, of her own accord, christened 'Death-music'. It was an infallible indication. Again, day-dreams and phantasies concerning pale-faced individuals who conversed or argued with red-faced people were an indication that she would soon be toying

with the idea of throwing herself over Battersea Bridge. I do not, of course, mean that during these passive periods we say nothing. To begin with, we certainly let them run on undisturbed, although we must be immediately ready with help should they find difficulty in maintaining their lines of thought. Note, however, whether they repudiate this assistance, and be guided by their reactions as to the optimum amount to give. Gradually we turn these helping occasions to advantage. Our help becomes a very little more explanatory. And these explanations, although of the most general sort, should be directed towards easing the pressure of sadistic phantasy. We do not require to illustrate our explanations by reference to their own case. They may not be ready for personal illustration. We can always put our tentative illustrations in an indirect way, e.g. a hypothetical small boy or girl. We are preparing all the time for future contingencies. But sooner or later we find ourselves compelled to take a more personal line of approach. We may see that some of their preoccupations have a more direct relation towards ourselves. Now, as I have indicated, we cannot rest content with a simple interpretation of the type we may give transference neurotics. *We must do it in two moves.* We must follow up any phantasy-interpretations *as soon as possible* with some accessory interpretation which lessens the patient's reaction. This usually takes the form of ventilating the method of instinct-modification by which sadistic impulses are turned in on the self and serve the purposes of punishment. If no death-music is then reported we may with some relief take refuge once more in the narcissistic analytical relationship.

The next problem is whether we can adapt the processes of free association to the urgent necessities of these patients, e.g. *whether we can temporarily head them off a line of thought which threatens to open up an old sore before they are capable of handling the associated affect more successfully.* As a matter of fact, it is very obvious that, like all other patients, the depressed case does a good deal of heading off on his own account. But as a rule he differs in his conscious reaction to this defence: he feels no guilt about the suppression, saying simply, 'I can't stand this idea at all'. The unconscious mechanisms are, in comparison with the defensive manœuvres of ordinary cases, very patent and crude. For example, we find that their minds are much preoccupied with screen-memories, and that when a difficulty arises in other directions they can take refuge in these images. They will say 'But I must get back to that memory', or 'to that court-yard',

or 'to that pig image.' Again, the sequence of thought may be interrupted by a series of pictorial images of almost hallucinatory strength; the switch is so abrupt that there can be no doubt of its defensive purpose. Or, again, they become rather abstracted and are found to be quietly preoccupied with some images and patterns which they are tracing on the ceiling or cornices or carpets of the analyst's room. My own impression is that on certain occasions we may legitimately initiate the same process; this can be quite easily effected without drawing the patient's attention to the manoeuvre. *It is not justifiable unless we feel that his absorption limit has been reached.* The simplest and most effective way of heading is to bring up almost casually some reference to points of view which will tend to alleviate guilt-processes. With certain elderly people I would not hesitate, if the occasion demanded, to give them a sort of temporary dispensation from the strict association rule. I am illustrating here one aspect of the problem of relaxation of technique, and must be content with simple reference to other aspects, e.g. assistance in arriving at decisions or a more definite humouring of the patient's whim, provided all the time we regulate this process by the actual needs of the case. It would be tempting to go on to consider the actual details of super-ego analysis in such cases, but this is beyond the scope of this lecture, which is concerned mainly with the formulation of technical policies. It is permissible to note, however, that the success of analyses of depressed cases depends on unravelling the interplay of introjections and identifications as between the super-ego and the ego. It is not difficult to see direct illustration of single facets of this relationship. A patient says in rapid succession and rather convulsively, 'You are a beast . . . you beast'. The first is a reproach of me as an object, disguising at the same time certain primitive phantasies; the second part is a self-reproach for reproaching me and at the same time an identification.

Incidentally, *extreme* relaxation of technique may be necessary in elderly cases, when the individual has embarked on a permanent regression which it is our aim to modify or arrest. Our hopes are often much less sanguine than those entertained in more severe types of depression of younger subjects. Generally speaking, we combine a much more friendly and explanatory attitude with a process which has some resemblances to the technique of 'forced phantasy', but, of course, with a different aim. Briefly we take advantage of the scrappy information gleaned in earlier sessions to suggest topics of conversation,

always with some idea of the effect we intend to produce by this selection. If we cannot do this and the analysis lags, we deliberately stimulate a narcissistic element of gratification in the analysis, encouraging them to choose their own subjects, as if saying, 'Well, what would you like to talk about to-day?'

But it is time to return to the main concern of these lectures—the technique of psycho-analysis as applicable to the transference-neuroses—and to inquire whether our experience of exceptional cases can be turned to advantage in the handling of these neuroses. Generally speaking, treatment of difficult and borderline cases drives home the necessity of combining *two* attitudes in the ordinary analysis. *The first is one of extreme passivity and the second of judicious but pointed and purposive interpretation.* We see how in psychotic types for quite prolonged intervals our function is simply *to maintain the analytic situation.* Whatever degree of transference exists has a narcissistic basis, so that at times we get dispensations from the patient for our own existence provided we do not interrupt him. A word here and there may be all that is necessary; sometimes complete and absolute passivity is essential. We have seen how, left to himself, the processes of elaboration, amplification, expanding over-determined presentations, filling up amnesic gaps, go on constantly and increasingly up to a point when difficulties accumulate. The patient has worked through and around certain images until some detachment of cathexis occurs. But even relatively slight loosening of libido may provoke violent reactions, which tend either to evade the transference or to stampede through it into external attitudes and actions. *When this occurs our concern is not so much with the repressed material as with the defensive forces, above all with the instigators of repression, i.e. the super-ego attitudes, with the type of punishment involved, and with the aggressive or sadistic impulses manifested.* To take one instance, if in a borderline case we felt that the violent reaction was related to homosexual phantasies, it would be bad policy for the moment to make interpretation of homosexual phantasies, but good policy to provide for ventilation of aggressive attitudes and of the mechanism of inverting sadism. A third point is abundantly clear in the handling of such cases, viz. *one must be chary of premature interpretations.* We see the patient's attention drawn magnetically towards certain traumatic phantasies, circling round and round, only to dart off violently at a tangent when contact becomes too close, like a moth from a candle. So that much of our interpretation is really explanatory, e.g. smoothing the path for

tabulation of sexual theories, ventilating punishment-systems in a way which is not too unpalatable, and on the whole following the patient's own plans of working round the subject. Otherwise a direct interpretation of, for example, a homosexual phantasy may simply lead to an explosive reaction quite beyond our control.

Again, we are able from analytic observation of borderline cases to formulate a rough guiding rule by which we can *regulate the extent of positive or advisory interferences*. As we have seen, we may explain more, and we may also play an advisory rôle in respect to some external decisions on the good ground that the patient is unable to arrive at a sound reality decision himself. We may relax our attitude of analytic detachment in many minor ways; but in the treatment of a psychotic we always have good reasons for doing so. The nature of the transference, the seriousness of the patient's condition and his incapacity to handle external relations enable us to play these positive parts without stirring up any of our own defences against counter-transference. We may therefore lay down as a safe standard that when in the case of transference-neuroses we feel called upon to follow a similar, if less obvious, policy, it must always be to effect some immediate purpose and never to reflect some counter-transference mood of our own. We learn from the psychoses more of the grim urgencies of mental conflict and the compelling force of instinctual drives, and this understanding is an excellent antidote to any tendency to regard analytic technique as a discipline. After all, the technique was evolved to meet the case and, if we are satisfied that there have been no gaps in our method, we may modify it in whatever way seems appropriate, provided we do not abandon the fundamental approach to repressed content or neglect our established findings as to the nature of conflict. But when we do utilize modifications we must be quite certain that this has no relation to a revenge-impulse stimulated by the fact that the case has not evolved itself to meet the technique.

It would be merely a repetition of what we have already said, concerning the passivity to be employed in psychotic cases, if we added that in the handling of such cases we are never hampered by worries as to the duration of treatment. But it is legitimate to add that we can modify also our sometimes too exacting therapeutic requirements. In these difficult cases we are glad to observe as the ultimate result of our labours the attainment of a stage of development with which we should be distinctly disappointed in the case of a neurotic person. We are glad even to have called a halt to the repressions, to have

reduced a delusional system to a series of obsessional ideas. We are content to leave them with hysterical phobias or conversion-symptoms of a not too crippling order. We may sometimes welcome the appearance of sublimatory activities which ultimately deplete the never strongly charged analytic relationship. We may welcome signs of transference which in neurotic cases we should analyze tirelessly. The moral which we may carry back to the usual analytic practice is not that we should ever water down our ideal of conscious adaptation, but that we should regulate our analytical dosage with an eye to the circumstances to which from time to time the patient must adapt.

And this brings me once more to the analyst's *attitude* to analysis. It has often been said by analysts of considerable experience that they are even yet in constant states of uncertainty as to standardized technique. They feel that, in spite of earlier conclusions, they do not quite know in any one case just how passive they must remain, how much they must say, or how little, exactly what routine should be applied in any one crisis. Now, if we are entitled to assume that an analyst's clinical material has been sufficiently varied and that his subjective difficulties are well in hand, I could imagine no more ideal attitude than is represented by this uncertainty. After all, lectures on technique are concerned only with fundamental principles. When a technical problem is brought forward for discussion it is notoriously difficult to supply a satisfactory answer without hedging it by qualifications. A satisfactory reply as to a general guiding principle may be given, but it must in fairness be immediately qualified by knowledge of the existing circumstances. And knowledge of existing circumstances really implies a summary of the whole previous analysis. I imagine this is really the reason why the people who are most diffident about writing treatises on analytic technique are those who have been in a position to discuss technical difficulties.

But to come back to the question of attitude, I feel sure that absence of dogmatic certitude as to procedure, *provided it is unaccompanied by anxiety*, is the ideal reaction. It is, after all, never a question of how passive or how interpretative we should be in psycho-analytic practice as a whole, but how passive we should be in any one case. Our own uncertainty is often merely the reflection of a current conflict in the patient's analysis. We know that in the processes of adaptation he has developed an ego-system to regulate his instinctual life in accordance with reality as it appears at different times. The more primitive the view of reality, the more archaic the ego system,

so that our analytic attitude is bound to fluctuate constantly in accordance with the exigencies of this id-ego relationship. The attitude of passivity is not only an essential part of the technique whereby we reach repressed material: it is a concession to the necessities of instinctual life. The terms 'resistance of the Id' and 'working through' here come into their own. On the other hand, our interpretative interference is not only an essential part of the technique by which we reach unconscious attitudes to repressed material: it is a recognition of the ego's attitude to danger which we seek to modify. Super-ego analysis then comes to its own, as a recognition of earlier danger-situations which have preserved their keenness in spite of having no real touch or only very slender contact with existing dangers. 'Activity' in the Ferenczi sense is merely a device for throwing into relief one or other of these urgencies, viz. id-drives or archaic danger-situations sensed by a primitive ego. It is an accentuation of the frustration element deliberately undertaken, but is in no other sense an addition to or modification of analytic technique. The results of frustration have to be analyzed in the ordinary way. For this reason I do not favour the description of his technique as 'analysis from below'. At the best it is a cleverly planted blow or stimulus, the results of which are then analyzed from above. It is for the analyst to decide what balance of advantage will be obtained by coming out of his armchair-neutrality to deliver this stimulus, to settle how powerful it must be, and how often it should be applied. Having come to this decision and administered his stimulus, he continues analysis from above.

I may perhaps summarize here my own views on the problem of *activity*, since the stage of authoritative direction on this point has by no means been reached. If we are certain of the analytic situation which will arise after instituting frustration-exercises or giving recommendations calculated to head off 'flights from analysis', and provided we do not jeopardize the analysis, there is no logical reason why these activities should not be pursued as far as any empirical advantage is to be obtained, and Ferenczi, with his usual courage and ingenuity, has shewn us how we can follow the procedure more or less systematically. The method suggested by Freud seems to me, however, to offer the best system of control. Freud does not favour being influenced by considerations of speed, i.e. the desire to shorten analysis, but he does favour those privations and recommendations which are instituted in direct relationship to the symptom-picture and the transference-

charge. Those who wish to go beyond this amount of interference must submit themselves to more rigid control. They must satisfy themselves that the ordinary methods of analysis have been fully exhausted, that they are not influenced by any subjective reactions of impatience. Assuming that these conditions are fulfilled, I would then favour an approach to privation-tests through interpretation of defensive attitudes, calling attention to the persistence (in spite of explanation) of exaggerated flight-reactions or reaction-formations; analytic focussing of attention is a good preliminary to actual recommendations.

Working back, then, is there anything further to be said about exhausting the ordinary methods of analysis? In general, I have tried to emphasize that these methods have a twofold direction. We seek to uncover repressed material and to give room for its sufficient expansion and elaboration when uncovered; but we also aim very definitely at discovering the reasons why it was repressed, what exactly was the point of view of the primitive ego, why it scented danger, what theories it had woven, what conclusions it had arrived at, and by what manipulations of the infantile child-parent relationship it succeeded in getting the upper hand of its primitive instinctual urges. *If anything, we have in the past been content with the uncovering of primitive urges, paying perhaps too little attention to the process of gradual modification of these urges as the result of changing ego-attitudes.* Now the stage when all this can be most satisfactorily worked out is the second stage of analysis, that of the 'transference-neurosis', although we have seen that some effective work on the same lines may be done in the opening phase and that in the terminal stages transference-interpretation continues coupled with analysis of regression movements. *The ideal analysis of a transference-neurosis is one where there is a pendulum-swing between passivity and interpretation, between analysis of the repressed and of the repressing forces, between libido-analysis and ego-analysis.* When for some reason or another the excursion of the pendulum is interfered with, we must redress the balance, and this is done literally by raking through the whole analytic situation to find further fuel for the transference. Every situation, action or idea provides combustible material, but we choose the material in accordance with the requirements of the moment: if libido-analysis is deficient, we rake in more transference-phantasies; if ego-reactions are too strong, we extend them before the patient as they are reflected in transference-attitudes.

Going still further back, *we may regard the opening phase as a*

mobilizing phase on both sides of the analytic situation. We prepare the patient for effective analysis by clearing the ground of obstacles ; we mobilize energy, knowing all the time that it will inevitably collect in the transference-reservoir, and our ideal attitude is to regulate this flow, so that it neither trickles nor pours into that reservoir. But at the same time we are mobilizing our own impressions and are collecting as many observations as possible as to the nature of the case. We should in fact, towards the end of the opening phase, have a fairly reliable forecast of the crises we may have to face later on, and if we keep this in mind during the transference-neurosis, we are not likely to be stampeded into sudden changes of policy, or to be faced with disruption of the analytic situation.

But the best cure for stampeding is, after all is said, our conviction as to the accuracy of psycho-analytic findings, and the only factors likely to subvert that conviction are subjective factors. So we come back once more to the view expressed in the opening lecture, that the difficulties of analytic technique are twofold: those relating to the patient and those relating to the analyst himself ; that of these the difficulties incident to the analyst are the more important. Our greatest safeguard in all situations of difficulty is a state of freedom from unconscious bias which can only be obtained by analysis of the analyst.

AN ANXIOUS MOTHER
A CONTRIBUTION TO THE ANALYSIS OF THE EGO

BY
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The scene was the beach of a small and quiet seaside resort. One day there appeared close to where I was lying a young woman with a little boy of perhaps five years old. They were strangers, and I never came to know them personally, but for several weeks I was an involuntary eye-witness and auditor of their behaviour. The little boy behaved just like the other children who thronged the beach. He played in the sand, ran about, fetched water in little buckets from the sea to his sand-castles, and so forth. The mother lay in a deck-chair; now and then she read a book or a newspaper and, for the rest, she passed the time with needlework. She was generally sunk in her phantasies, and only occasionally chatted a little with the other women. But, whatever she was doing, she glanced up anxiously every few minutes, sought her boy with a look of concern, and if she could not immediately detect his whereabouts, began to call in a despairing manner, 'Ma-a-a-ssimo, Ma-a-a-ssimo'. If the child had strayed just a few paces away from her, or if he was anywhere near the water's edge (he never went further, for he was plainly timid about the sea), she flew after him, seized his arm and dragged him back again to her. If he quarrelled with the other boys, or tried to resist his mother, she generally scolded him and gave him a sound slap, only to overwhelm him with violent hugs and kisses if he began to cry. So it went on, all day long: with the punctuality of clock-work the perpetual cry of 'Ma-a-a-ssimo, Ma-a-a-ssimo' made itself heard.

In such a situation a psycho-analyst really cannot prevent himself from thinking a little about such a mother. One seemed to read her dissatisfaction in her face; her emotional interests were obviously concentrated on her boy. There could be no doubt about the meaning of her exaggerated tenderness. She loved and hated the child at one and the same time, but she had repressed her hate out of her consciousness by an extreme over-accentuation of her devoted tenderness, and so put an end to the inner discord. Here we have a simple instance of the mechanism of 'repression by means of reaction-formation'. Again, the extension of this process (so familiar to the analyst), 'the return of the repressed', was perfectly plain in this woman. She

tormented the child in spite of, or rather precisely with, her infatuated love. The more devoted she was in watching over and disciplining him, the more fully—but also the less noticeably—could she gratify thereby her secret pleasure in aggression.

Thus far the psychological situation is clear, but one's interest in the little episode is not exhausted by this much insight into it, and one is inclined to pursue the subject further. It occurs to us at once to consider it in the light of Freud's recent detailed discussion of the question of 'danger'. For it is obvious that the mother behaved as if her boy, when playing on the beach, were threatened with some unknown dangers, and must be shielded with the utmost caution from some harm. Her whole attitude to the child showed how deeply she must have been impressed with this conviction. The objective observer then judges the mother's apprehension to be 'exaggerated beyond all measure', for in reality there could be no question of such dangers as she feared. The analyst need not impugn this statement, but he can correct it in an important respect. If the mother's fears had no foundation in reality, it means that they had another, purely psychic, origin. Thus understood, her fears were justified. The child was actually in peril, only the dangers threatening it lay not, as the mother thought, in the outside world, but in the depths of her own mind. Her anxiety was a reaction to her own unconscious hostility to her child. Really she was compelled to protect him from herself, to direct her precautions against her own person. But she knew nothing of this hostility; her ego had warded off the aggressive impulses by means of repression, and thus hampered in the struggle against the overwhelming force of the instinctual impulse, it employed other means. She displaced the evil spirits, which she detected, from within herself to the outside world, scenting dangers and menaces everywhere and combating them with tactics whose aggressive fury was directed outwards, above all against the very child whom she sought to protect.

The view set forth by Freud on 'danger' thus proves to yield useful results, for it reveals in the mother's mental life an act of projection, thus furnishing an incentive to and matter for further reflection. Projection plays a part in 'the return of the repressed'; thus it serves the purpose of 'substitute-formation'. We should like to know what are the other factors in this complicated process. It would be easy to tell if we were dealing with a person under analytic treatment who would give an account of herself to the analyst and supply him with exhaustive information about her mental life. But in the case in

question we have only the meagre material which could be gleaned by one observing from a distance, without the knowledge and co-operation of the person under observation. Nevertheless, we need not be daunted in our attempt to reconstruct the process. Let us take as a starting-point one impression derived from my observation. The woman's whole behaviour betrayed marked ambition as a mother. The command that she should do her duty as a mother seemed actually to dominate her ego and swallow up every other interest. Her conscience clamoured in the most importunate fashion : ' You must be a faithful and devoted mother to your child '. Leaving out of account the deeper, genetic conditioning factors in the formation of conscience, this demand can be brought into conjunction with the mother's aggressive instinctual impulses.

We may assume that in this case the defensive measures of the ego have only to a partial extent had the result of repressing her pleasure in aggression. What has happened to another part of the aggressive instinct-components is that they have been ' directed against the self '. The aggressive tendency, thus turned inward, increases the severity of the woman's conscience towards her own ego and supports the moral demand, the protective (altruistic) intention of which has reference to the very object (the child) which was the object of the original aggression. This being the way in which the woman's maternal ' virtue ' has originated, we can understand how it is that the aggressive tendency, unaltered by repression, so readily links up with its derivative, the demand of conscience, and thus reinforced, accomplishes its own purpose.

Thus it really is possible by means of Freud's theory to penetrate quite a considerable way into the mental mechanisms of a subject whom we have studied only, as it were, from outside. But now we are confronted with a fresh problem. We have seen that projection supplies a rationalistic motivation for the breaking-through of repressed hostility. By projection a perception of the repressed impulse within the ego is converted from an internal to an external perception : that is, it is a kind of erroneous perception and the secondary elaboration of it. Now, how is it that the ego does not correct the result of this pathological thought-process, seeing that the conclusion drawn is contrary to reality ? Why did the mother not perceive that hundreds of children were playing peacefully on the beach and that the other mothers showed not a sign of concern, and she herself was the only one who had no peace of mind ? Indeed, if anyone had tried to

explain this simple fact to her he would probably have found that it was impossible to make her realize it. She would prefer to believe that amongst several hundred careless mothers she was the only really conscientious one on the whole beach.

Obviously here some damage has been sustained by certain important functions of the ego—the reality-test and the function of critical judgement. But there is nothing in what has so far been arrived at about the different ways in which the instincts are transformed which throws any real light on the origin of this disturbance. We certainly cannot regard it as a necessary accompaniment of the process of projection. A tendency to projection occurs at times in normal mental life, but the critical function of the ego remains completely intact and soon sees to it that an erroneous conclusion is rejected. We must, then, look for some special cause of the disturbance, and it will not be difficult to find it. If every fulfilment of an ideal results in an enhancement of the self-regarding sentiment, the fulfilling of an obsessively accentuated demand of conscience (ambition in the rôle of mother) must afford the ego especially keen narcissistic enjoyment. For the pleasurable value of the fulfilment of ideals is based on a restoration of the infantile self-feeling and is clearly experienced by the ego in direct proportion to the amount of pain caused by the reduction of the original supposed grandeur of the ego during the formation and development of the super-ego. Anyone who observed the self-satisfied expression with which this woman resumed her seat every time she had enforced her disciplinary measures would have needed no further proofs of the correctness of this theoretical conclusion. And we shall have no hesitation in believing that an ego which stays on the level of narcissistic gratification will allow its critical reality-function to be paralysed. The ego behaves exactly as if it were deriving such gratification from assurances of love, from praise, flattery, and so on, coming from without.

Hence, it is the narcissistic satisfaction derived from the fulfilling of an ideal which benumbs the critical judgement of the ego, and secures gratification of the forbidden aggressive tendencies. This economic mechanism may be described as a kind of *narcissistic insurance*. By means of ideal-formation, according to Freud, the 'basest' is raised to the 'highest'; the satisfaction derived from the fulfilling of an ideal, acting as a narcissistic insurance, allows the ill-restrained 'base' element to accomplish its purpose once more in the midst of the 'highest'.

It is easy to see that the factor of 'narcissistic insurance' plays an important part in the mental economy in all other analogous cases in which a repressed instinctual impulse achieves gratification with the co-operation of the super-ego. Especially in the late symptoms of the obsessional neurosis, which have been so fully discussed by Freud, does this mechanism frequently manifest itself in a highly significant manner: the ego wallows in its hyper-morality and under cover of this gratifies the most despicable tendencies. This, however, is not the place in which to trace out this mechanism in the various fields of mental life. From the wealth of material which at once presents itself, let us take only that example in the history of civilization—the Crusaders. These heroes of an ideal were certainly prevented by an excessive self-feeling from realizing the true nature of the deeds which they perpetrated in the name of the religion of love.¹

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I would point out that one advantage of this theory is that by it a certain substitute-formation achieved with the assistance of the super-ego is explained simply by the interaction of processes either within or having relation to the ego. Following Freud's conception in *The Ego and the Id*, it sets the ego in the very centre of the meta-psychological picture, for it takes into consideration the instinctual forces which operate upon the ego from the id and the super-ego, together with the effect which they have upon it. It may be worth while to sum up our argument again from this point of view.

The ego comprehends the severity of the demands made by con-

¹ One young woman whom I analysed had volunteered as a nurse during the war and by her goodness and loving devotion had won the name of 'a true Madonna'. Her analysis showed that in fulfilling this patriotic duty she had quite unsuspectingly gratified her aggressive desires on hundreds of wounded men in the course of her 'self-sacrificing' work. When her own brother (against whom she had had the very strongest castration-wishes in her childhood) received a serious head-wound, she exalted him as a hero, and, in her martial enthusiasm, received the news of the danger his life was in without a sign of distress. But she herself nearly caused her 'tenderly loved' father to lose his life. In her fanatic zeal she insisted that the old man, who was entrusted with duty in a very exposed position, should remain at his post from 'a sense of duty' in a perfectly insane manner, even when the enemy broke through. He actually escaped certain death only at the very last moment.

science, feels a constraint, and conceives a longing to raise its self-feeling to the happy heights where it dwelt in childhood. On the other hand, it keeps up a heavy expenditure of repression on the forbidden aggressive tendencies. This is the initial situation ; it is here that the process of substitute-formation begins. The ego enhances its self-regarding feeling by continual fulfilling of its ideals. From the point of view of the ego's situation (narcissistic craving, great tension of conscience) this satisfaction has a rare value ; the ego clings to it convulsively, and by this effort is diverted from its other aims—the service of reality. Since the repressed aggressive tendency retains its activity, a slackening of the ego's control of its instincts must cause this impulse to break through. This too takes place with the active co-operation of the ego. Lying wholly under the ban of its conscience (i.e. of its narcissistic craving), the ego employs two weapons to defend itself from the threatened perception of the aggressive impulse. Its more moderate trend (hostility) is seen as it were in the disguise of the promptings of conscience, is construed as a means for the fulfilment of an ideal, and thus its character is radically misunderstood. The most repugnant part of the impulse (the death-wish) is 'recognized' by the ego—always under the oppression of conscience—as located in the outside world (projection). From this counterfeit presentment of reality a rationalistic motivation is then deduced, which makes the work of 'disciplinary' aggression the easier. All this comes about because the ego, hard pressed on both sides and seduced by the pleasure of gratifying its impulses, performs incorrectly those of its functions which relate to reality (censorship, testing the reality of phenomena, critical judgement). The result is a compromise, in which (entirely at the expense of its insight into reality) it frees itself from the tension of conscience and the urge of its aggressive impulse, and thereby experiences gratification. One single process is not involved in this construction, but it is one which does not belong to the substitute-formation, but to more remote genetic conditions. I mean the turning-in upon the ego of the aggression which is held back from reality and its inclusion in the drive of conscience. The analysis of the ego should be able to shew that the incentive for even this transformation of instinct in the depths of the mental apparatus proceeds from the ego.

In one direction this way of looking at the matter already leads us to a clear conclusion. We realize how energetically the self-regarding feelings enforce their claims in the decisions which the ego has to make

in its business of mastering the instincts, and how extensively they obtrude themselves into the different activities of the ego. But what exactly are the self-regarding feelings? On the one hand they are the expression of the level of narcissistic gratification, i.e. *an economic index*; on the other hand they are the sum of the dynamic results produced within the ego by the narcissistic instinctual forces, that is, *a signal of a craving*. These properties account for their enormous importance in the behaviour of the ego. If, in addition, we assume in accordance with the psycho-analytical view, that the whole structure of the ego is cemented by narcissistic libido, then we cannot reject the assumption that the 'synthetic function' in the ego depends specifically upon the self-regarding feelings and performs its task (the establishing of a coherent ego) at the dictates of those feelings. It is true that the act of thinking in terms of reality and the function of critical judgement do play a considerable part in the synthesis of the ego; but the intellectual functions mature at a later phase of ego-development and throughout life they depend upon self-feeling, and are ready, in the event of conflict, to bow to its supremacy. On this premise rest, in particular, the syntheses of the neurotic ego during the process of symptom-formation. Perhaps we shall find that the idiosyncrasies in the (as yet unexplored) mode of operation of the 'synthetic function' form the nucleus of what may be described psycho-analytically as the 'character' of the ego.

It is quite in agreement with this view that we find that, where self-regarding feeling is carried to an extreme degree, the 'synthetic function' concocts an ego which can no longer do justice to all its three 'subordinate relationships' and—as Freud has shewn—recants from one or other of them. Once on the heights of an over-exalted self-feeling, the ego either gives up reality (in psychosis) or blends with the super-ego (in mania). The case is different when the self-regarding feelings are hurtled to the depths—as in the clinical picture of melancholia. In this disease (which we can describe only as a great despairing cry for love) the craving for self-feeling itself becomes over-mastering. The ego is prepared to relinquish its care for its own vegetal functions (to abandon itself) and submits to the cruellest torments, to the very point of self-destruction, in order thus to regain the blissful situation of being loved and, therewith, the measure of self-love which is normally necessary to a human being. But the process has little that is mysterious about it. Once the ego in an analogous situation—being abandoned by the mother and exhausted with impotent rage—was

subjected to the *tortures of hunger*. But there followed with never-failing certainty the reappearance of the mother and the oral-narcissistic bliss experienced in drinking at her breast. It is in this primal series of experiences, which are later ranged into the pregnant context of *guilt—expiation—forgiveness*, that we discover the roots of the imaginary craving of the melancholic, and with it, the mechanism of his illness.²

² Cf. the remarks on melancholia in my paper: 'Die psychischen Wirkungen der Rauschgifte', *Internationale Zeitschrift für Psychoanalyse*, Bd. XII., 1926.

SHORTER COMMUNICATIONS

DISCUSSION ON THE NEED FOR PUNISHMENT AND THE NEUROTIC PROCESS

I

A CRITICISM OF RECENT THEORIES OF THE PROBLEM OF NEUROSIS

BY

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In *The Ego and the Id* certain principles were laid down on which to base a future psycho-analytical theory of character. In this work we have an account of the repressive faculties, of their evolution from the id and their relations to one another and to the outside world. This gave us a certain 'totality' of outlook, which justifies us in speaking of a 'new trend' in psycho-analysis (the analysis of character). The theory of the super-ego, of the unconscious sense of guilt, of the need for punishment and so forth, is not a new field of research, independently evolved, which has now to be grafted on to the older theory of the neuroses or even makes it superfluous. Rather, there has been an organic development from the earlier, indeed the very earliest, views and theories of Freud. Thus the fundamental thoughts on which 'structural analysis' and the theory of the super-ego are based are to be found already in Freud's first works. I need only remind my readers of the conception of conscience, of the ego-ideal and of the conversion of outer into inner frustration, as these conceptions were formulated before 1923. What was new in principle in *The Ego and the Id* was, first and foremost, the change in the classification of the instincts, already outlined in *Beyond the Pleasure Principle*: we have no longer simply sexual and ego-instincts, but sexual (life-) and destructive (death-) instincts.

In the psycho-analytical literature of the last three years (nearly all of which bears the impress of *The Ego and the Id*) two trends can be clearly traced. The one, relating rather to clinical material, is characterized by attempts to classify what is actually observed according to the 'new point of view'. The other, which is exclusively theoretical and speculative, aims at further elaboration of Freud's most recent propositions. Now there would be nothing to object to in this if we had already advanced so far in the detailed, clinical application of 'structural analysis' that we were perfectly assured of a secure basis for our theoretical speculations. Unfortunately, the contrary is the case. We have, I think, evidence of this in the fact that inexactitudes in their conceptions and their terminology lead to opposite statements amongst the different writers, indeed often to contradictions in the writings of the same author, with the result that erroneous and highly confusing conclusions are arrived at.

I wish now to try to shew what is the nature of the erroneous con-

clusions resulting from a misapprehension of the propositions formulated by Freud since he published *Beyond the Pleasure Principle*. Let us confine ourselves to the discussion of the theory advocated by Reik and Alexander of the need for punishment.

In his paper entitled 'Neurose und Gesamtpersönlichkeit,'¹ Alexander attempts to formulate the problem of the process at work in neurosis. He takes as his starting-point Freud's discovery that symptoms are the result of an unsuccessful repression, and deals with the reason for this failure. In his view it is the repressing faculty itself which is at fault. (We will postpone the discussion of the question whether the ego or, as Alexander thinks, the super-ego is to be regarded as the repressing faculty.) According to this view then, the same faculty which originally brought about the repression subsequently partially removes it,² so that the instinct can express itself (in a disguised form, i.e. as a symptom). To make this intelligible, Alexander assumes the existence of a secret understanding, a 'secret alliance', between the repressing faculty and that which is repressed. 'This account of the matter necessitates a revision of our ideas about symptom-formation. Our notion hitherto has been that this process was adequately explained when we said that symptoms were the symbolic or other disguise of a hidden meaning. We see now, however, that an important economic factor must also operate, namely, a weakening in the efficiency of the repressing faculty. . . . The essence of the change is that the super-ego forfeits the efficacy of its repressive action when it adopts a simple system of punishments, by means of which it discharges its task of regulating and repressing the instincts. Having decreed punishments, it has done its duty, and can now close its eyes to the urgency of the id. . . . In the formation of the neuroses the super-ego plays a twofold part. First, its excessive severity and too forcible repression make the dynamic force of the repressed all the stronger, and secondly, by inflicting punishments (mechanisms of self-punishment), it makes it possible for the unduly restricted instincts to break through, the inhibiting feelings of guilt having been abolished by suffering. The result of this economic displacement of forces is the neurotic symptom'.³

Alexander assumes, therefore, that the super-ego imposes punishments upon the ego before the breaking-through of the repression takes place; in fact that it does so in order to make the breaking-through possible. This means—if we adopt Alexander's personification of the mental faculties as the criminal (the id, or pleasure-ego), the court of justice (the super-

¹ *Internationale Zeitschrift für Psychoanalyse*, Bd. XII., 1926.

² Reik takes the same view when he postulates a compulsion to confession. Cf. *Geständniszwang und Strafbedürfnis*, Internationaler Psychoanalytischer Verlag, 1925. Cf. too my review in *Imago*, Bd. XI., 1925.

³ *Loc. cit.*, pp. 344, 345.

ego) and the executive (the ego)—that the court of justice imposes penalties before the crime has actually been committed. Now if Alexander has in mind that merely phantasied transgression which is psychically real (and in neurosis there is seldom a question of any other sort), then the problem once more arises why this merely phantasied transgression should not be regarded as already the result of the breaking-through of repression. But if we take this view, we are again confronted with the question of what has conditioned this breaking-through. We will return later to Alexander's explanation that the super-ego knows what is going on in the id, indeed is in league with it, and is making, so to speak, a pretence of punishment.

We recollect that originally Freud gave a satisfactory explanation of the question of impulses breaking through repression. The repression of an instinctual desire, he said, results in the subject's being debarred from gratification of the instinct, and this in turn in a damming-up of instinctual energy. The libido, which is the principal factor in neurosis, is, according to Freud, a 'borderline conception between the mental and the somatic', that is to say, a biological-physiological concept. Now if in the course of time the dammed-up libido, whose sources, as we know, do not dry up, reaches a higher degree of tension (as we see in the signs of 'actual neurosis' invariably present, which Freud calls 'the actual-neurotic core of the neurosis'), it breaks through the anti-cathexis of the ego. In general, a symptom arises in the form of a compromise between the fear of punishment (anxiety of conscience—morality) and the instincts. In many cases, however, it manifests itself without disguise as a definite perversion or an obsessive sexual phantasy. In correcting the theory hitherto held, Alexander cannot escape the imputation of not having so much as mentioned what we are taught of the damming-up of libido, though it was necessary to do so to prove either its incorrectness or at least its inadequacy.⁴

To my knowledge Freud has never explained symptom-formation by the symbolic or other disguise of the hidden meaning, as Alexander believes. In this connection Freud's idea was simply that the ego, in its impotence against the urgency of the instincts, musters up sufficient forces to disguise

⁴ In connection with similar pronouncements by Reik, I would refer to my review in *Imago* (Bd. XI., 1925). It is remarkable how little has been said in recent years, especially since the rapid development of the psychology of the ego, about the damming-up of libido. After Freud published his book entitled *Hemmung, Symptom und Angst*, we heard that he had recanted his views on the damming-up of libido and on real anxiety, though there was not a single passage in the book to justify any such assumption. Indeed, it was clear from a common misreading of what he wrote, 'non licet' being substituted for 'non liquet' at the end of his remarks on real anxiety, how much people would have liked to see the theory of the damming-up of libido withdrawn.

the instinctual desire which has broken through; this happens pre-consciously, as in dreams. Hence the symbolic representation does not constitute the breaking-through or even cause it, but is its result.⁵

If we follow out Alexander's account of the part played by the super-ego in repression and symptom-formation, it is clear that all his erroneous conclusions are based on a fundamental theoretical error which has crept into the investigation. At the very beginning of his work (p. 335) Alexander writes: 'No further demonstration is necessary of the fact that all repressions concerned in neurosis proceed from the super-ego. For it is quite evident from the meaning of Freud's conception that the super-ego was set up for the purpose of repressing the Œdipus complex'. And in a footnote he writes: 'It is certain that *all* repression does not originate in social considerations (dread of conscience). Hence we must attribute to the ego also a repressive function independent of the super-ego'. Nevertheless he holds that the super-ego is the institution which plays the most important part in repression.

Freud has never said that the super-ego was set up for the purpose of repressing the Œdipus complex. On the contrary, his examination of the question makes it plain that the super-ego is formed only during and after the passing of that complex. Alexander evidently bases his remarks on a somewhat obscure passage in *The Ego and the Id* (p. 45): 'this . . . derives from the fact that the ego-ideal had the task of effecting the repression of the Œdipus complex, indeed, it is to that revolutionary event that it owes its existence'. The repression of the Œdipus complex and the setting-up of the super-ego may to some extent interact. But that the super-ego plays only a secondary part in the repression of the complex is clear from Freud's paper on 'The Passing of the Œdipus Complex'⁶ and from the book entitled *Hemmung, Symptom und Angst*. Here he shews that castration-anxiety is the repressing factor: the incest-wish is shattered before the impact of anxiety about the genital. That wish is renounced for the sake of retaining the genital. It is at bottom a victory of secondary (phallic) narcissism over object-love.⁷

For this reason the phase of genital object-love terminates with identifications which go very deep and give the ultimate imprint to character. These on the one hand take the form of a super-ego opposed to the ego, and on the other take place directly within the ego itself. Thus, in the

⁵ Here we must make a reservation. Together with the repression there occurs *regression* to more primitive modes of manifestation of the instincts and to the language of symbolism. We may instance schizophrenia, where the ego disintegrates, and the language of symbolism prevails.

⁶ *Collected Papers*, Vol. II.

⁷ According to my experience 'genital anxiety' is the most powerful motive factor in repression in women as well as men.

main, the super-ego is the result and not the cause of the mighty work of repression achieved at the period of the Œdipus complex.⁸ We shall return later to the true inner meaning of Freud's vague formulation quoted above. I would simply say at this point that the 'primal repression', i.e. the fact that the elements at the heart of the Œdipus complex rarely or never are wholly conscious, is only comprehensible if we regard the anxiety of the narcissistic ego (and not the subsequently formed super-ego) as the repressing factor.

In a passage in *The Ego and the Id* (p. 79), which has apparently received little attention, light is thrown on other aspects of the super-ego in relation to repression: 'It is remarkable that the more a man checks his aggressive tendencies towards others the more tyrannical, that is aggressive, he becomes in his ego-ideal. The ordinary view sees the situation the other way round: the standard set up by the ego-ideal seems to be the motive for the suppression of aggressiveness. The fact remains, however, as we have stated it: the more a man controls his aggressiveness, the more intense become the aggressive tendencies of his ego-ideal against his ego'.

Our clinical experience confirms every point in this theory, which, moreover, is in complete accordance with the conceptions put forward in *Hemmung, Symptom und Angst*. That is to say: the ego represses on account of its dread of punishment and subsequently directs its sadism against itself. Through the binding of the aggressive tendencies in the super-ego the ego becomes stricter in its moral demands. It follows that it also becomes stricter in itself, i.e. it becomes morally masochistic, doubly impelled to this: in the higher strata, which are nearer to consciousness, by its social sense of guilt (anxiety of conscience) and in the deeper strata by its fear of punishment (at heart, fear of castration). Thus we return to the old, familiar conception that 'external frustration', reinforced by the fear of punishment, conditions repression, and is then retained in the form of 'inner frustration' by the ego, which yields to compulsion and not to its own instincts. External frustration or the anxiety which it produces has set the process of repression in motion: inner frustration maintains it. At this point we begin to have a clearer idea of the rôle of the super-ego in neurosis. Evidently it is the factor which prevents the ego from undoing the work of repression. The concepts: external—inner frustration; ego-anxiety (castration-anxiety)—sense of guilt; ego—super-ego thus reflect processes which take place *before* and *after* the critical Œdipus phase in childhood. By the introjection of the object into the ego, part of the extended ego becomes the super-ego,

⁸ Cf. Fenichel's lucid and careful paper entitled 'Die Identifizierung', *Internationale Zeitschrift für Psychoanalyse*, 1926.

while external frustration becomes inner frustration, and castration-anxiety becomes anxiety of conscience.

Let us follow up further the processes which we wish to differentiate as the 'originating' and the 'maintaining' of neurosis.

As Freud has shewn, the process of repression never comes to an end. The stimuli which daily and hourly urge the instincts to activity constantly necessitate fresh and repeated repressions. These the ego always undertakes, partly from anxiety of conscience—hence in the 'service of the super-ego' (Freud)—partly from fear of punishment, that is, in the service of the outside world. Where the neurotic process is far advanced, we see (especially plainly in obsessional neurosis) that the ego behaves exactly like the super-ego. The constant pressure of the latter has made the former hard and inexorable in character. It is otherwise in hysteria. Here we see that little change has taken place in the ego itself; most of its earlier characteristics, dating from the time when it was purely a pleasure-ego, have been retained. It simply recoils constantly from the attainment of its instinctual aims, being menaced and subjugated first by genital anxiety and, secondly, less regularly, by its super-ego. In characters of the 'instinct-ridden' type we see again that at one moment the ego unites with the id in rebelling against the super-ego, at another with the super-ego against the id.⁹ It is true that in the latter case the ego becomes masochistic, and thus, even in its repressive action, satisfies the tendencies of the id.

The demands of the super-ego can therefore (but need not) be taken over by the ego, as in characters of the obsessional type. In this case these demands cannot be distinguished from the identifications which took place directly in the ego before and during the Oedipus phase: I refer to those connected with such matters as cleanliness, the regulation of eating and sleeping, etc. In hysteria we get the impression that the ego has taken over but few of the requirements of the super-ego and yields more from fear of punishment than from anxiety of conscience. The obsessional patient has more sense of guilt and less anxiety, or none at all; in the hysteric, on the contrary, anxiety predominates and there is less sense of guilt.

Freud's assumption that in hysteria the sense of guilt is repressed has not (at any rate so far) been borne out by clinical experience. It would seem rather that here castration-anxiety has to a lesser extent been transformed into anxiety of conscience. Similarly, in hysteria the whole characterological process of the internalization of conflicts and frustrations, as well as the analogous process of reaction-formation, is not carried nearly

⁹ Cf. my investigation of the attitude of the super-ego in 'instinct ridden' characters, *Der triebhafte Charakter*, Internationaler Psychoanalytischer Verlag, 1925.

so far as in obsessional neurosis. Moreover, the personality of the hysteric remains throughout more akin to the original object. We can hardly speak of a passing of the Œdipus complex in hysteria. An exception is to be found in certain forms of the disease, which are accompanied by dissociations of consciousness and approximate to melancholia. A dynamic repression of the sense of guilt of such a sort that the repressions themselves succumb to it occurs, as far as the facts shew, only in 'instinct-ridden' psychopaths and in certain cases of moral insanity. It looks as if both Alexander and Reik were basing their views on findings in a certain group of obsessional characters and were neglecting the differences between these cases and cases of hysteria, homosexuality, erythrophobia, etc.

In the average case of obsessional neurosis we certainly very frequently encounter the mechanisms described by these two writers. But even the clinical differentiation shews that they are not universally present, or at least that they play no specific part. If we go further in the analysis of obsessional neurosis, we come upon the very same thing as lies right on the surface in hysteria: the pleasure-principle and genital anxiety of the ego—the anxiety-hysteria which occupies the centre of that section of the obsessional character which is influenced by the super-ego. This anxiety-hysteria corresponds to the infantile phobia, which was evolved *before* the formation of the super-ego, at the time of the Œdipus conflict. From what I have already said, we must assume that the super-ego is the principal factor in the conversion of anxiety-hysteria into obsessional neurosis and that the latter cannot arise without the participation of the super-ego. Here again we must make the reservation that the obsessional character is formed on the basis of the sadistic-anal disposition existing *before* the Œdipus phase, and hence independently of the super-ego. Of course this does not solve the problem of pregenital 'preliminary phases of the super-ego'.

Hence we see that there is actually a secret alliance, but it is between the ego and the id. One reason why we must assume that the object-relation is the only basis of the connection between the negative (prohibiting) super-ego and the id is that the super-ego, as regards its contents, is borrowed altogether from the outer world, whose requirements are always opposed to the child's desires. What then are we to suppose induces it later to become a partisan of the id? Alexander's assumption is obviously based on that of Freud that the super-ego knows what is going on in the id. But to know and to be in agreement with are two very different things.

The sense of guilt is universally regarded as the indication of tension between the ego and the ego-ideal. But it can be demonstrated¹⁰ that the

¹⁰ Cf. Graber: *Die Ambivalenz des Kindes*, Internationaler Psychoanalytischer Verlag, 1924, and my remarks on 'Fehlidentifizierungen' in *Der triebhafte Charakter*, Internationaler Psychoanalytischer Verlag, 1925.

ego-ideal (which imposes prohibitions) is invariably formed through identification with that one of the parents towards whom the child has developed an ambivalent attitude because the greatest number and most deeply felt frustrations have been inflicted by him or her. So the question arises whether the sense of guilt was not present, at least in embryo, before the super-ego was formed. From the impressions we have received in clinical practice it appears legitimate to answer this question in the affirmative, and to suppose that the sense of guilt arises independently of the existence of a super-ego, for we only feel guilt when it is a *loved* object that we wish to destroy. Freud has shewn that frustration leads to an identification with the person by whom it is imposed. But what is the motive for introjection? It would seem that deprivation, or the hatred which it inspires, simply provides the occasion for introjection, whereas the true motive is the love-relation. It is as though through introjection the subject endeavoured to save from perishing the object which his own destructive instinct is threatening.

If there is a preponderance of the *love*-relation towards the object from whom the prohibitions emanate, introjection is accomplished without friction, and the destructive instinct becomes sublimated, with no inner resistances, in the form of self-control (which is not as yet self-punishment). As Freud has shewn, the love-relation to the object is converted into desexualized, narcissistic pride in the ego-ideal. The case is different when the predominating feeling has originally been hate, probably where deprivations were too brutally inflicted and little tenderness was shewn to the child. When this is so, introjection is no longer accomplished without friction: the ego rebels against incorporating in itself the deprivation. Moreover, since it is difficult to achieve sublimations without support from narcissistic gratifications, the destructive instinct persists in part unchanged and directed against the outer world, while in part it is turned without any sublimation against the subject's own person. Here we have the origin of the tendency to self-punishment. Now in most cases, and precisely in those which are gravest, it is clear that, while the punishments actually fall upon the ego, they are at bottom intended for the object which has been reluctantly absorbed by the ego, somewhat after the fashion which Freud has described in connection with melancholia or some types of suicide.

Alexander and Reik assume that tendencies to self-punishment arise where there is an over-strong morality; that they arise, on the contrary, where the super-ego is defective follows from the fact that patients in whom there is a marked need for punishment have the most violent murderous impulses against prototypes of their super-ego. Such patients constantly tell us that the only thing for them to do is to injure themselves because they are too weak to kill their tormentors or those who do not meet them with love.

Those cases in which self-punishments are accompanied by masochistic, erotogenic pleasure, as in the perversion of masochism, present no special problem; they follow *directly* from the pleasure-principle (the sense of guilt anally eroticized).

In other cases it will depend altogether on how the conception of the 'need for punishment' is defined (that is, upon the content of this term and what it covers), whether we speak of self-punishment or prefer to employ some other expression. In one case quoted by Reik it was evident that it was merely a question of *dread of punishment* and that the author spoke of the *need for punishment* only because the patient suffered from his dread.¹¹ When an obsessional patient is impeded in his freedom of movement by reason of the necessity he is under to avoid certain situations (which avoidance is simply a protection against anxiety), we have no cogent reason to conclude from this single fact that this is an instance of the *need for punishment*. Persons of neurotic character, who from a sense of guilt give away all that they possess, say to themselves that they ought not to permit themselves to have so much while others are starving. Here, it is true, there is the intention of self-punishment, arising out of *moral* masochism. But, if our understanding of the process goes deeper, the purely egotistical motives underlying their attitude soon become manifest: (a) the patient makes the sacrifice in order to free himself from torturing anxiety of conscience, and this has nothing to do with social conscience; (b) his gifts are made for narcissistic reasons, because he wishes to be regarded as a benefactor; we see this from his choice of recipients of his benefits; they are very seldom persons who are really in want, but rather imagos of infantile objects of anxiety; (c) at bottom we invariably come upon the motive of protecting oneself against dangers by means of sacrifice,¹² i.e. once more, dread of punishment (castration-anxiety); this, the most powerful motive, is always present, whilst the others vary.

In men of the hysterical character-type whose attitude is on the surface passive and feminine we find another and seemingly paradoxical mechanism. In the realm of ideas they have castrated themselves, i.e. they have given up the libidinal cathexis of the genital, and made themselves into women because of castration-anxiety, in order to be able to retain the genital physically. In this they behave like a man who throws himself out of the window of a burning house in order to escape the possibility of being burnt to death. If it is inevitable that we should suffer pain, we prefer to inflict it upon ourselves rather than to endure it at the hands of a stranger, whose attitude would probably be less tender. Thus the passive, feminine attitude (and the same applies to the character which is

¹¹ Cf. my review, *Imago*, 1925.

¹² Cf. Abraham's account of the spending of money as an anxiety-equivalent (a protective measure against anxiety).

exaggeratedly kind and friendly) acts, like the sacrifices of obsessional patients, as a protection from danger. It gives the impression of masochistic behaviour, but at bottom it is a precautionary measure.

We certainly will not deny that self-punishments may be inflicted from moral considerations. But my view is that the tendency to self-punishment is not a psychological ultimate like, for instance, anal or genital erotism or sexual pleasure. Freud's carefully formulated pronouncement that 'human beings are not only more immoral but also more moral than they imagine' does not exclude the possibility that the morality of man is never so deeply rooted as his amorality, and that we may think we are moral when at bottom we are only afraid of the consequences of our actions.

We have already shewn that neither the super-ego itself nor the ego's need for punishment plays any part in the *primary* neurotic process in childhood by which anxiety-hysteria is conditioned. Moreover, in psychoanalysis we are accustomed to look for the heart of a phenomenon in the conditions through which it originated. Hence we cannot share Alexander's views. The need for punishment is invariably a result of the first great process of repression and identification which produces neurosis. The need is in itself a neurotic symptom, and hence does not come into consideration as a primary cause. It is true that in the *secondary* neurotic process, which serves to maintain the neurosis, it does at times render the symptoms more acute and conditions behaviour of the neurotic (character-) type which is not founded on anything in the primary process.

Here we have in fact—though of course only in a superficial stratum—the processes emphasized by Alexander and Reik. Our quarrel is simply with the far-reaching conclusions which they have drawn with reference to the understanding of the neurotic process in general. If we are asked whether the need for punishment is a specific factor in the neurotic process as such (like anxiety, for instance, or the libido), we must reply in the negative.

It seems to us, therefore, not only unjustifiable, but also dangerous for the future development of the theory of the neuroses to formulate such propositions as these: 'In the dictum that guilt can be blotted out by punishment and suffering we have the kernel of the whole psychology of the neuroses'¹³; 'Neurosis, which is essentially based on a conflict between the claims of the instincts and the need for punishment. . . .'¹⁴

Alexander's statement, which I have quoted, that guilt may be blotted out by punishment is contradicted by a number of important facts, while there are none which confirm it. If it were correct, the sense of guilt would grow less the longer the neurosis, the suffering, which is alleged to

¹³ Alexander: *loc. cit.*, S. 342.

¹⁴ Reik: *loc. cit.*

be self-punishment, persisted. The contrary is the case. The feelings of guilt become more and more intense, although the subject's tendencies to injure himself are increasingly successful. Similarly, experience contradicts the assertion that self-punishment removes the inhibiting feelings of guilt and thus opens the way to action.

Alexander's observation of 'dreams in pairs' is correct. But the attempt to deduce from isolated occurrences of this sort the thesis that the whole neurotic process takes place in a similar fashion was bound to fail; for we know that the opposite, namely, punishment following on action, is by far more typical. I would remind my readers of those dreams in which first of all the instinct presses for gratification and then anxiety develops. Here the fear of punishment hinders ultimate gratification of the instinct from being realized.

Further, we call to mind a fact which may be observed every day: that when transference is established symptoms vanish. If Alexander's statement were correct, the patient, in order to have the right to love and to phantasy, would first have to punish himself, i.e. produce still more symptoms. But analysis shews that the process has been as follows: first the symptoms lost force because of the interest directed towards the physician and the patient's hope of being loved by him. When the analyst makes the patient experience deprivation more definitely, this gives rise to detestation (hatred) which undergoes suppression. Now, for the first time, the painful nature of the symptoms begins to dominate the picture: the patient probably begins to complain that he is getting worse, and in actual fact the symptoms become more acute—clearly a reproach against the analyst. This whole process represents in an abbreviated form the genesis of the neurosis. But this shews that the suffering is not primary—not a thing actually desired—but that it is a substitute-gratification in default of anything better.

That symptoms are often retained on account of an urgent need for punishment is true. But that this need calls them into being is as false as, for instance, Adler's statement that a hysterical woman has hysterical attacks in order to annoy her husband. This is true only in so far as she can produce such attacks for this purpose when they have once originated from other reasons. For the patient has really no choice but to derive pleasure from suffering, if the gratification which he really desires is denied him. Hence suffering, subjectively willed, comes under the heading of the 'secondary gain from illness', and has nothing to do with the origin of the neurosis, and affects its maintenance only in so far as it affords masochistic gratification. Now there is nothing in this which is incompatible with the libido-theory (pleasure-principle). To emphasize the difficulties which the need for punishment puts in the way of our therapy is commendable, but here again Alexander has overlooked the essence of

the matter. He demands that the patient shall 'renounce' his need for punishment; and that the course of 'paying for guilt by suffering' shall be closed to him. How is that to happen? The patient can do this only when the outer and inner conditions are such that he can exchange the suffering for pleasure which shall be its physiological and psychical equivalent. I have tried to shew¹⁵ that sublimations are not sufficient, and remain unstable if the somatic damming-up of libido persists.

The authors' view that the success of analysis depends upon the degree of intensity of the need for punishment is, from the descriptive point of view, correct. But the need for punishment is not a primary phenomenon, but is rather in itself a neurotic character-trait. Moreover, as I hope to shew in detail in another context, it can be proved that the intensity of the need, as well as the strictness of the super-ego, depends on the erotogenic fixation. The need for punishment in persons suffering from anal fixation is incomparably stronger than that of patients in whom fixation has occurred on the genital level. So we shall not get beyond the surface of the phenomena if we do not examine the foundations on which the need for punishment depends.

The neglect of the question of damming-up of libido and the attempt to lay the responsibility for all on the need for punishment, which was postulated by Freud for 'some' cases, have led to explanations such as that sleeplessness occurs because the patient's feelings of guilt prevent his allowing himself sleep (death), and not for instance because the unconscious sexual phantasies get no gratification in reality; or that incapacity for work is due to the need for punishment, the patient denying himself the relief from the sense of guilt which work would afford (Reik). Our daily analytical observation prevents our agreeing with these views. What we see at work is invariably dammed-up libido (causing disturbance) and infantile sexual wishes, while in spite of careful investigation we have not been able to demonstrate a need for punishment as a motive for sleeplessness or incapacity for work. These interpretations, plausible in themselves, lack an empirical basis. The only point in them which is correct is that many a case of 'work-shyness' is based on defiance of hated objects, whose demands were once too harsh and too exacting.

Freud's observation that an obscure (unconscious) sense of guilt may turn a man into a criminal has been generalized by Reik, and in his book *Geständniszwang und Strafbedürfnis* the problem of crime is presented as if all crimes proceeded from a sense of guilt, the action relieving the criminal of that sense and satisfying the need for punishment. Alexander, obviously taking as his starting-point the same observation of Freud's,

¹⁵ 'Die therapeutische Bedeutung der Genitallibido', *Internationale Zeitschrift für Psychoanalyse*, Bd. XI., 1925.

maintains that the punishment is anticipated, in order that the deed may be more easily performed. It cannot be denied that *some* (though certainly the very fewest) crimes proceed from the sense of guilt, and Freud has simply described what has been observed. Examinations of instinct-ridden psychopaths and cases of moral insanity have shewn that in such antisocial deeds the pleasure-pain principle reaches its goal by a circuitous route. The process is as follows: the sense of guilt which arises when a loved object becomes hated is felt to be burdensome, and produces pain; the object now is hated because it calls forth painful feelings of guilt, and if the love-relation is not able to outweigh the hatred, a tendency arises to destroy that which is causing so much disturbance.

Again, the swindler is actuated by motives of revenge when he gets people's money out of them and gratifies his narcissism by the way in which he does it. But he repeatedly gets into difficulties, and we have a strong impression that he really has a conscience, and is constantly driven by his sense of guilt to lose his 'gains'. He does not know how to retire and enjoy himself in peace, but oscillates between triumph and gaol. He betrays himself by prodigal expenditure; he gives everything back again. To judge by two cases which I have treated, the principal motive here is the fear of keeping the father's penis, which he had stolen (this was the point at issue in both cases)—the fear of talion-punishment.

Hence we see that that which impresses us so forcibly as a *need* for punishment is conditioned by the *fear* of punishment. I am referring to the painful character of the symptoms and of illness in general. For objectively visible suffering must not be confounded with suffering which is subjectively willed. In that 'obstinate clinging' to the neurosis, which Alexander cites in support of his assumption, are we encountering a primary biological tendency—as if, possibly, the patient were refusing to modify his endeavour after pleasure or to adapt himself to reality? Is there such a thing as a will to suffer, resting on a biological basis, a 'principle of suffering'? Here I shall probably be confronted with the hypothesis of the death-instinct, and unquestionably our authors base their arguments on this assumption of Freud's. In reply I would remind my readers that this instinct is wholly hypothetical, postulated simply to serve as a scaffolding in the discussion of ultimates, and therefore of little use in clarifying clinical phenomena. Caution demands that we exclude it from clinical discussion, and rather operate with the concept of the destructive instinct. For, as early as the oral phase, this instinct takes an outward direction (oral sadism—instinct of grasping), and therefore can later be easily comprehended in clinical terms, while we have no visible evidence of 'primary (cell-) masochism'.¹⁶ What we observe in masochistic

¹⁶ Freud.

behaviour is invariably simply an inverted sadism, so that the assumption of a primary will to suffer is wholly untenable. In spite of certain remarks of Freud's which suggest that he ascribes the greater power to the death-instinct, we do not think that the originator of the hypothesis of the death-instinct contemplated such a fundamental departure from theories which countless observations have shewn to be well founded.

II

A REPLY TO REICH'S CRITICISM

BY

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Reich has done my little essay *Neurose und Gesamtpersönlichkeit* the honour of submitting it to an exhaustive critical discussion. His criticisms are not connected by any single line of argument: they are, in fact, often actually contradictory, and can, therefore, be rebutted only one by one.

His most general objection, though not aimed directly at my work, is that, while he welcomes the application to clinical material of the fresh points of view presented in the ego-theory, he condemns speculative experiments, amongst which he evidently includes my essay. Now since this essay is devoted almost exclusively to the appreciation of one of the earliest psycho-analytical discoveries, namely, that neurosis signifies the simultaneous gratification of wish-tendencies and tendencies to self-punishment, I cannot enter any further into a discussion of this wholly unjustified reproach. It is inconsistent with Reich's statement of his antispeculative attitude that he attempts to refute my theories mainly by means of purely speculative objections, without examining in any detail the material which, it is true, was indicated only cursorily in my short article. The points which he adduces from clinical practice as disproving my theories *quite clearly* confirm them.

One of his philosophical objections is that the need for punishment cannot play so important a part in the formation of the neuroses as I and Reik suppose, because it is certainly not a 'primary' fact, nor are the inhibitions which proceed from the super-ego primary. Reich's remarks make it appear as if I conceived of the instinct-inhibiting action of the super-ego as something primary. There is not the slightest justification for this idea. In the essay under discussion I refer to my earlier paper (*Metapsychologische Darstellung des Heilungsvorganges*), and call the super-ego an introjected legal code of olden times, which in the course of time loses its connection with the outside world and continues to oppose to the claims of sex the old prohibitions belonging to the child-level. My argument is based on Freud's theory that the instinct-inhibiting

anxiety of conscience—the ego's dread of the super-ego—is derived from real anxiety (castration-anxiety).¹ As, however, my essay amounts simply to a summary of clinical facts, the genetic problem is not discussed in it in detail, anxiety of conscience being considered as such in its clinical manifestations, independently of how and whence it has originated. There is, moreover, another passage which ought not to have escaped Reich's attention and which shews clearly that I do not conceive of the morality of the super-ego as something primary, but as 'the extension within the ego of the moral pressure of society', as a 'phenomenon of adaptation, the adaptation of the human being to the civilization created by humanity'. I cannot understand where Reich has found this idea which he attributes to me or why he should want to read it into my essay. What are we to make of the deduction that, because inhibition by conscience has been evolved from more primitive instinctual tendencies, it can play no important part in the psycho-neuroses? A hen is not anything primary either—it has come out of an egg—and yet if we wish to understand the behaviour of a hen we must in the first instance examine the hen itself.

The whole of our psycho-analytical experience shews that symptom-formation provides an outlet for those tendencies which are in opposition to the demands of the super-ego, and are therefore repressed owing to anxiety of conscience. It is true that this anxiety has originated in the internalization of castration-anxiety, and as Freud adds in his latest work, *Hemmung, Symptom und Angst*, in the dread of losing the parents' love. But when this has taken place, the internalized castration-anxiety, now transmuted into anxiety of conscience, becomes the motive power in repression. Hence I am perfectly justified and in complete accordance with the ego-theory when I hold and state that 'in the civilized human being of to-day the moral faculty has just as much dynamic and economic importance as his repressed instincts. The moral centre is a centre of energy, a dynamic factor, and in order thoroughly to understand man we must know these manifestations of his nature, no less than those of the repressed instincts which are inhibited by this same moral centre of energy. Freud has given the classical formulation of this fact in the statement "that man is not only more immoral than he thinks, but is also more moral than he knows". To look at human beings from the libidinal side alone is to form a one-sided picture. If my statement should prove correct that neurosis, *all* neurosis, is based on some pathological relation between the repressing faculty and that which is repressed, then the special knowledge of the disturbances in these relations acquires a paramount therapeutic importance.'

It is clear that the first restrictions of instinct, which take place before

¹ *The Ego and the Id.*

the development of the moral emotions, must be prompted by real anxiety. How far these processes, the object of which is to withstand the assault of the instinctual forces, should be called repressions—Freud gives them the distinctive name of primal repressions—is a separate question, with which my essay has nothing to do. The task which I proposed to myself was to give an account of the psychological and dynamic connection between the repressing and the repressed forces. Since Freud pointed out that many of the moral, instinct-inhibiting tendencies are of an unconscious nature, and that an unconscious need for punishment can occur as a reaction to such tendencies without their ever entering consciousness, a series of interesting questions has arisen, the answer to which may be expected to give us a deeper understanding of symptom-formation. One of the most interesting is the following: If, in spite of the disguising of the latent meaning, the gratification of forbidden tendencies gives rise to a bad conscience, need for punishment and pangs of conscience, we must assume that the faculty of moral inhibition has an inner perceptive function by which it recognizes the latent forbidden meaning in spite of the disguise. The question now is, how gratification—the ‘breaking-through’ of the repressed tendencies—is possible in spite of this anxiety of conscience with its inhibiting effect on instinct. The earlier theory, of which Reich ostensibly knows nothing, was that gratification of a repressed wish can be attained in neurotic symptoms in the same way as in the manifest dream-content, through the latent meanings submitting to a distortion. This distortion is the result of the repressing energy. Thus the manifest dream-content, just like a symptom, is a compromise between the two antagonistic forces—that which is repressed and that which represses. The fact of the unconscious need for punishment necessitates a correction of this view. We assume, and Reich with us, that internalized castration-anxiety (anxiety of conscience) is the motive force in repression. Or, as Reich quite correctly expresses it, it is the factor which maintains the repressions. The greater the anxiety of conscience, the greater also will the tendency be to ward off the instinct which excites the anxiety. Now we see that a forbidden wish impulse can, even when disguised, give rise to anxiety of conscience. Hence in spite of the distortion of the meaning the inhibiting force remains operative.

Distortion *alone* is not sufficient to remove the anxiety, the moral reaction. I sought, therefore, to discover a factor in symptom-formation which should be able to remove the instinct-inhibiting anxiety of conscience—‘tension of conscience’. After the publication of *The Ego and the Id* it was no longer difficult to find such a factor. The gratification of the unconscious need for punishment leads to a diminution of anxiety of conscience. The super-ego, which reacts to forbidden wishes with a ten-

dency to punish (this is the origin of anxiety of conscience), gratifies such tendencies by inflicting punishments. Simultaneously the ego's dread of the vindictive super-ego diminishes: one cannot be *more* than punished. A closer analysis shews that these self-punishments replace in a milder and autoplasic form the punishment of castration (or loss of love), which is most intensely feared. This shews clearly the mechanism of symptom-formation. The ego, which in its dread of the super-ego executes the repressions, suffers the punishments inflicted by the super-ego and can then yield to the urgency of the id. For through suffering punishments the ego's dread of the super-ego—the cause of the repression—is diminished.

Another factor in the return of the repressed which I have indicated in my paper is the excessive *damming-up* of the instincts which results from the exaggerated severity of the neurotic super-ego. Now Reich quotes just those sentences in which I allude to this factor: the increase in the dynamic pressure towards discharge in the id in consequence of excessive repression. It is therefore wholly incomprehensible to me how, in spite of this, he can assert that I do not adduce the damming-up of libido as a cause of the return of the repressed. He actually quotes what I say: 'The part played by the super-ego in the formation of the neuroses is twofold. Its excessive severity, its undue repression, makes the dynamic urge of the repressed more powerful and, again, by inflicting punishments (self-punishment mechanisms) it makes it possible for the instincts that are too severely restrained to break through'. Now I do not use the word 'damming-up of libido', but substitute for it the more explicit term 'the pressure of instincts that are too severely restrained', because in neurotic symptom-formation it is not simply a question of the gratification of dammed-up libidinal tendencies, but just as much of dammed-up destructive tendencies. Hence it is obvious that there is no foundation whatever for the objection that in my account of the matter I have disregarded the part played in symptom-formation by the damming-up of libido.

Reich betrays his lack of understanding no less glaringly in two other criticisms. At one point he writes: 'That the tendencies to self-punishment arise not, as Alexander and Reik assume, where there is an "over-strong" morality, but on the contrary, where the super-ego is defective, follows from the fact that . . .'. The fundamental idea on which my whole article is based, and which I have clearly underlined in various passages, is that the morality of the neurotic super-ego is a *corrupt* and *formal* morality. The very point that I bring out is that both excessive repression and the whole punishment-system actually favour the gratification of the 'amoral' tendency. It is plain that I could not mean by this a genuine 'strong morality'.

The same applies to Reich's final objections. He has apparently

grasped to begin with that it is not my intention to explain neurotic suffering as an aim in itself, embraced on account of a primary craving for suffering, but that I assume, on the contrary, that suffering serves to 'blot out guilt', and that neurotics welcome suffering for the sake of the gratification it allows to their desires. But then he suddenly breaks into polemics against my assumption of a primary craving for suffering and, as there is no such thing, he concludes that my theory is false. A few lines further back he is attacking the notion that suffering can serve to remove feelings of guilt, and the next moment he foists upon me the contrary view, namely, that suffering is sought after by neurotics in and for itself as an independent aim. I do not choose to discuss with Reich whether or not there is such a thing as a primary masochism, or as he translates it, a 'primary craving for suffering'. My observations had nothing to do with this theoretical question. I have appealed to the verdict of experience: that neurotic suffering has the power to diminish the instinct-inhibiting sense of guilt or, to put it in another way, the instinct-inhibiting anxiety of conscience, and this I have illustrated by a number of observations made. The correctness of this purely empirical conclusion is quite independent of the question of primary masochism. Reich's polemics are really aimed at Freud's new theory of the instincts. It cannot fail to strike us as strange that, after Freud in 'The Economic Problem of Masochism' has shewn the necessity for postulating a primary masochism, Reich should assert dogmatically that 'the masochistic behaviour which we observe is invariably simply inverted sadism, so that the assumption of a primary will to suffer is *wholly untenable*'.²

After these entirely self-contradictory criticisms of his on 'points of principle', we come to the empirical considerations which Reich raises to refute my argument. He casts doubt upon the accuracy of the observation upon which my paper is based, namely, that suffering—measures taken for self-punishment—can diminish the instinct-inhibiting reactions of conscience (feelings of guilt). He is of opinion that this observation is contradicted 'by a number of important facts, while we have no evidence to confirm it'. It is interesting to note that those very clinical cases which he cites afford plain confirmation of what I have observed. He speaks, for example, of those 'male hysterical characters' who 'castrate themselves imaginarily' (i.e. punish themselves), in order to be able to keep the organ physically. Here, then, neurotic suffering ('imaginary' self-castration) gives the subject the right to retain genital pleasure. In another passage Reich speaks of neurotic characters who, owing to a sense of guilt, give away all that they possess in order to 'free themselves from torturing anxiety of conscience'. Here Reich has suddenly discovered that law

² The italics are mine.

which is the theme of my paper. I really cannot understand how, in order to invalidate my statement of the matter, he can cite these examples which only support my view. Does he perhaps mean (we might possibly understand something of the sort from his obscure account) that in these cases the self-punishments serve to blot out not social anxiety of conscience but castration-anxiety? Yet in an earlier passage he himself has correctly derived anxiety of conscience from castration-anxiety; for anxiety of conscience is internalized castration-anxiety.

In refutation of my statement that the reaction of conscience is diminished by neurotic suffering—a fact which, as we have seen, he himself in another passage has discovered—he cites the alleged fact that ‘the longer a neurosis persists the more intense do the feelings of guilt become’, while according to my view, he says, the opposite must be the case, namely, that ‘the more long-standing the neurosis (the suffering), which is supposed to be self-punishment, the more must the sense of guilt diminish’. In this argument everything is inverted, both the fact adduced and the quotation of what he alleges that I assert. I have never stated that ‘neurosis is supposed to be self-punishment’, but that *neurosis represents a gratification of repressed tendencies which is possible only after the compulsory endurance of neurotic suffering*. Neurosis then is not ‘ostensibly self-punishment’, but is the gratification at one and the same time of instinct and of the need for punishment. Reich has no justification for selecting part of my statements and omitting the other part, in order altogether to distort the meaning of what I have written.

Even the fact to which he appeals in this connection, that in the course of a neurosis the feelings of guilt become more and more intense—a fact, moreover, which, even if it were correct, could not be quoted either in proof or in disproof—is by no means universally valid. On the contrary, in his very last work, *Hemmung, Symptom und Angst*, Freud calls our attention to the fact that, as a neurosis progresses, it often gradually loses its painful character, because the tendencies to punishment come more and more to serve the masochistic tendencies of the ego. More and more does self-punishment become gratification. I, too, point out that the original punishment-tendencies are used at the same time for the gratification of masochistic desires. It is true that there are also times when the neurosis-formation is progressive. This also I have indicated in my paper. ‘Through self-punishment, through suffering, the neurotic mind is enabled to cling to the objects which the ego has renounced, even to the fundamental pregenital attitude of aggression. All such regression to the sadistic level leads to the accentuation of feelings of guilt. These in their turn demand fresh suffering and thus the neurosis makes greater and greater advances, the mechanism being similar to that of an uncompensated cardiac error. Here we have the explanation of the neurotic

patient's tenacious clinging to the autonomy of his internal legislative and penal system. With his conscience animated by this spirit, he is enabled to retain the primitive tendencies that his ego condemns. He welcomes the punishment—suffering—in order to have the right to keep that for which he feels guilt'.

If Reich had paid regard to this paragraph, he must have grasped that the need for punishment, in that its gratification promotes the breaking-through of repressed tendencies, is not necessarily permanently lessened, but on the contrary may be even accentuated in reaction to the breaking-through of the repressed.

Another criticism of Reich's is more naïve. He asks how self-punishments can be the cause of the breaking-through of the repressed, for this would surely mean that the punishment existed before the crime. Here he seems to have quite forgotten that the feelings of guilt which inhibit the gratification of instinct date from the time of the Oedipus complex. All human beings are burdened with the 'original sin' of this period of early childhood. I really cannot see the difficulty, and I think it is extremely likely that it is easier for the repressed tendencies to break through when feelings of guilt which have been in operation from youth up find relief through mechanisms of self-punishment.

It is very startling to hear from a psycho-analyst that there are 'no facts' to prove that the human mind has a tendency to wipe out guilt by means of punishment. Does Reich really not know that the customary method of training children, as well as the primitive penal code, the sacrificial systems of different religions, the practice of confession, etc., etc., rest on this basis? If a child does something forbidden it is punished, and the incident is then wiped out. Even the penal code of to-day still embodies this principle. And is not the God of vengeance (the projection of primitive man's conscience) appeased by sacrifice—which always involves suffering—and by ascetic self-torture? The intrapsychic penal system of the neurotic which I described reflects the spirit which constitutes the basis of the primitive social organization of mankind. If in the past psycho-analytical research has been able to establish that neurotic symptoms are the expression of those instincts of primitive man which are incompatible with our present order, we can to-day supplement this knowledge by shewing that the inner spirit of the measures devised by the *neurotic* mind for the purpose of controlling its instincts corresponds to the *primitive* penal code of primal society.

A DREAM OF FORENSIC INTEREST

I recently communicated the following dream at a meeting of the British Psycho-Analytical Society. An interesting discussion took place, and Mrs. Klein made some valuable comments on the dream. She is contributing her views at the end of this account of the dream and of some portions of the patient's history and analysis. Mrs. Klein's remarks are all the more valuable as she had no more than the dream to express her views upon, at that time not being acquainted with the further details that will be mentioned.

Some time ago a patient, who had been under analysis but had had to discontinue it about nine months previously owing to external circumstances, rang me up one Sunday morning and asked if he could see me that day as the matter was very urgent. I gave him an appointment during the evening. On coming to see me, he told me he had had a dream the previous night, and he was afraid that it indicated that he had stolen money from his employers. He said he had come to see if I could tell him whether it could be discovered by analysis if his fears in this respect were true or false. He then related the following dream :

'I saw my mother in her nightdress. She said, "L——, you *must* listen to me". I, struggling, said, "I will not". My mother said, "You are going to listen to me, I am very angry with you". She then knocked me down, knelt on me, and gripped me by the throat, her thumbs in my neck. She said, "I am *very* angry with you. You have taken and *destroyed* money belonging to me to the total value of £6 13s. 4d. The money was given to you by W——, C——, W——, W——, W——, B——, T——, and W—— in the course of your weekly collection of rents; £6 13s. 4d., the *worst possible* amount you could have destroyed". During the course of the outburst I succeeded in freeing myself from her grip, and attempted to strike her. I was absolutely powerless to do *so*, however, and she laid me down gently and continued the harangue. She continued to emphasize the special affront to her implied in destroying £6 13s. 4d., and the dream concluded on that note'.

He told me that the people mentioned in the dream were some of the people on whom he had to call each Monday for rent. This was part of his work for his employers. He assured me that until the dream occurred he had no knowledge whatever that he might have taken the money. If he had taken it, he did not know where the money was, and he had no means of verifying the defalcations, if they existed, until he went to the office the next morning. As far as he knew, the books in which he had to enter the collected rents, etc., were quite in order. His method of collecting was to take the amount of rent due from each tenant, enter

that amount in their rent-book, enter the same amount in his book, and then, on arriving back at the office, he posted from his book into the ledger, and the ledger was made up weekly. Another thing that was also worrying him was that the next day he had to take a new clerk round with him, who was taking over from him this particular rent-collecting; and he was seriously afraid that if the defalcations were true this clerk would discover it and he would be reported to his employer, who he knew would deal with such a case in the severest manner. How he happened to know this was that, as far as he could remember about five or six weeks previously, he was talking to his employer and the conversation turned on a case that had just been before the courts, in which a clerk had been had up for embezzling money in somewhat similar circumstances. My patient's employer then said that if such a thing occurred in his office he would move all in his power to get the offender sent to prison.

I must now mention that on three previous occasions the patient had got rid of money entrusted to him, so this accounted for his fears as regards this dream. I will mention this again later on.

I was unable to tell him whether his fears were groundless or not. I was slightly inclined, however, to think that he had not done away with the money, since the dream was so definite about it, but, on the other hand, I had to remember what had occurred on other occasions. Obviously the real solution to this would only be arrived at when he got to the office next day. I advised him to take the £6 13s. 4d. to the office in the morning. He then talked over with me methods he could adopt to keep the defalcation, if it were found to exist, from his employer and also from the new clerk. He then left, and arranged to see me again on the next day but one, the Tuesday evening.

When he came on the Tuesday he told me that his fears had proved to be true, and that he had evidently got rid of £6 13s. 4d. However, he had been able to arrange to pay in the money and fix up the ledgers, so that only a very careful scrutiny, and calling in all the rent-books, would reveal the original discrepancies.

On the Monday he managed to arrange that he called on all those people mentioned in the dream and sent the new clerk to others. He found that with each of those people he had, on a certain Monday, put down in their rent-book the amount they had paid, but in his own book he had put dashes instead of the amount, and had entered these dashes in the ledger, making it appear that these people were in arrears. The people mentioned in the dream were all different, although five of them commence with W. On this Monday he discovered that the Monday before two sums of money were missing, namely, 16s. and 15s. 4d. Then each week before that the following sums, 15s. 4d., 19s. 4d., 15s. 4d., 15s. 4d., 21s. 4d., 15s. 4d. These sums totalled together come to £6 13s. 4d. He had therefore taken

one amount of money each week for six weeks and two amounts on the seventh week. The names mentioned in the dream are in the exact order of his taking the money.

I asked him what he thought he had done with the money. He said he did not know, but that probably he had thrown it away, and very likely down a lavatory. This last remark will be clearer later. He said that he had bought nothing lately but what he could account for, as his own accounts were quite correct.

We then went into the details of collecting the rents. He told me that he carried a special bag for the money. When the woman paid him (I may mention that all the people were women), he immediately dropped the money straight into the bag and gave her the requisite change from the bag. He then entered the amount in the rent-book and entered the same amount in his, except, of course, in those cases where I mentioned he put dashes. The houses were next door to one another, so apparently he had no time to take the particular amount out of his bag and get rid of it. When he had finished collecting he returned to the office and immediately locked the bag in the safe. He then went to lunch, and returned in the afternoon and posted up the ledger from his book. As he always found that his book and the money tallied on the posting, he had to conclude that he had not got rid of the money before posting. Immediately after giving me these details he said that he had just forgotten, they were not as he recounted them, and he was at a loss to account for his forgetting what I am about to mention. Up to eight weeks ago the account he had given was quite correct, but for the last eight weeks he had been given a number of extra houses to call at, which necessitated his finishing the collecting in the afternoon. He now told me that on returning from his morning round, instead of going to the office, he went straight to his lodgings for lunch, taking the bag with him. He said he took the bag into the room, put it down by his side and ate his lunch. The bag was never out of his sight. He then went on his afternoon round. I pressed him to go into greater detail from the moment he got to his lodgings. This is what he did. He went into the hall, putting the bag down at his feet, removed his hat and coat, hanging them up. Picked up the bag and walked upstairs to the bathroom to wash his hands; the lavatory was also in the bathroom. Now, though he can for the most part remember quite clearly every detail regarding the bag while it was in his possession, he cannot recall anything about it from the moment he entered the bathroom to his coming out of it again. All that he knows is that he washed his hands. He does not know where he placed the bag or anything else about it or himself while in there. We have had to assume, for the present at least, that he got rid of the money while he was in the bathroom. What actually happened in the bathroom is still shrouded in mystery. I hope eventually to solve this,

but for the present I have little opportunity of investigating further, as his work precludes his coming to see me.

An extremely interesting point is that during those seven weeks he got rid of a certain sum of money each week taken from a particular woman. He carried these sums separately in his mind during those weeks and totalled them up, probably during the sleep, and gave their total in the dream.

There seems to be no doubt that all the women were mother-substitutes. He says that he can see in each of them some resemblance to his mother. (His mother is dead.)

The dream has not yet been elucidated. £6 13s. 4d. only brought the association: 'a third of £20'. Then a memory of a previous sum he had got rid of; this occurred about two and a half years ago at another office. A woman (again a mother-substitute) called at the office to pay up arrears of rent. He was sitting at his desk and took the sum from her, it amounted to £7 6s. 8d. This is just 13s. 4d. more than the £6 13s. 4d. He was coming more regularly to see me at that time, and told me one evening when he came for the sitting that he was very worried because a woman in the morning that day had paid him some money which he had put in his desk, and when he went to take it to the safe at night he could not find it. He had a feeling that he had got rid of it, and his first association was that he had put it down the lavatory. This was probably correct, though we never definitely proved it. Theft from the desk by someone in the office we could exclude. He paid the money in next day out of his own pocket. About nine years ago he got rid of some money he had been given to pay into a bank, and got out of this by saying he had lost it, which he thought he had at that time, though now he knows and remembers that he threw it away; and he recollects the exact spot, which was in a drain. The first time he got rid of money was when he was about seven years old. His mother gave him 6d. to take to school to give towards a subscription for a master's wedding present. However, he threw the money away on some waste land. He knows the exact spot.

He also gives 'two-thirds' as an association with the sum £6 13s. 4d.; 13s. 4d. is two-thirds of 20s. Nothing further than one-third and two-thirds comes as regards the money.

His employer is a father-substitute. A fact worth noting is that as far as he can remember his taking the money commenced immediately after the conversation with his employer about embezzling money. This suggests a father defiance.

The word 'struggling' he uses in the dream is a word he has frequently used for sexual intercourse.

I will now mention a few points in the history of this patient. He is about twenty-six years old, well educated and intelligent. He was sent

to me for analytic treatment by Dr. Ernest Jones, who had seen him once; he was then suffering from the effects of a fugue, and had just recovered his speech which he had lost after the fugue. This is the history.

One morning quite suddenly and apparently without premeditation he told the telephone girl at the office at which he was employed to get him a railway time-table, as he had to go that day to the Orkneys, in order to fetch a youth from there who was a friend of his and who had gone mad. He looked up the trains and left the office at his usual time in the evening, meeting a girl friend as was usual, and they both went home together to the same town. On leaving the girl at the gate of her house the fugue came on. When I first saw the patient he had no recollection of what happened after he said good-night to the girl until the next day. What occurred during this period was recovered during his analysis. After he left the girl, instead of going home, he went up a hill to the railway station. On the way he saw a man trying to force a girl sexually, and went for the man, striking him. The girl ran away and the man fled in another direction. I must mention here that this episode has since proved to be a phantasy. He then continued his way up the hill and passed a pillar-box on the edge of the pavement. He sat down by it for a minute or two and was very angry with it. He then got up, arrived at the station and went with his season ticket to a large main-line station in London. He was living about ten miles outside the metropolis. He went to the booking-office and asked for a ticket through to the Orkneys. He was told he must take a ticket to Edinburgh and book on from there. This he did, and travelled with three other people in the compartment as far as Northallerton, and then on to Edinburgh by himself. On arriving at Edinburgh, he walked about and suddenly discovered he had lost his memory. He did not know who he was, why he had come, or how he had come to Edinburgh. He went to the Y.M.C.A., but he was treated curtly and sent to the police station, and from there to a hospital. His address was found on him and his father was sent for. He was taken home and gradually he began to remember his past life, but when I first saw him there were large gaps in his memory. His mother, who had committed suicide about four years previously, he could not remember at all, or the circumstances of her death. As far as one can judge, practically all the amnesias have now been filled up during his analysis.

It is impossible to give a detailed account of this case, and so I will only mention a few isolated fragments from the analysis that will bear out and substantiate Mrs. Klein's views.

When the patient was a little boy (he is an only child), his mother used to teach him some geography. She told him that she thought the map of Scotland looked like a witch. He evidently thought this too, for he

associated the Firth of Forth with the witch's sexual organs. The Orkneys were the witch's hat.

Before his mother had mentioned this witch-like appearance of Scotland he had always been afraid of a witch. He had seen the representation of a witch riding a broom-stick in children's books. He was afraid that a witch would come to him and put a spindle into a hole in his chest and turn it in different directions. If the witch turned it one way he would become blind, another way deaf, and another way dumb. Since the fugue he was at one time deaf for a few hours, and at another time dumb for several weeks.

The patient on coming to analysis one day arrived about ten minutes late. On my asking him the reason for being late he said that he had had difficulty in walking, owing to a bad attack of flatulence which had commenced a quarter of an hour before reaching my consulting-rooms. He could not account for the attack. He was not subject to flatulence, and had not eaten anything that could have given rise to it. He lay down on the couch and it was evident he was suffering severely from an acute attack of hiccoughs. It was sufficiently severe to cause him to turn from side to side to try to get ease; it interfered with his speech and was very distressing to him. He commenced the sitting by recounting two dreams he had had the night before. One dream was that he was going down an estuary of a river, probably the Thames near Southend, in a skiff. He was frightened and hugged the coast on the left side. The other dream was that he was walking with his grandmother and a girl. It was boisterous and raining. His grandmother had a scroll on which was written some writing, and he was annoyed with her for paying so much attention to this. The scene then changed. There was a gathering of people and his father had come back to life. (His father is still alive.) His father had taken a board from a certain church. This board had writing on it and two iron legs projecting from it. His father then stuck the board over a grave. The patient did not get many associations to these dreams as the persistent hiccoughs disturbed him so much. I asked him what the hiccoughs suggested to him. He said, 'passing wind'. He said they seemed to come on because he was very frightened that something would come out in the analysis, but he did not know what it was. He next said that the hiccoughs reminded him of sucking at the breast. He then said, 'I want to suck your penis'. I said, 'Why not breast?' He said, 'You have not any breasts'. I said, 'What does that make you think of?' 'G——' (a servant when he was three years old). 'What makes you think of G——?' He said, 'I do not know, my mind seems a blank'. Then immediately followed this phantasy or memory, which he recounted in an almost dissociated state. 'I see myself in my old home. I am on the floor. G—— is sitting on a chair with her clothes up and her legs apart. I can see a dark hole. I crawl towards it and push my head

at it. I want to get inside. There is a dank smell which I like and dislike. I feel stifled. Now I don't see the scene any more'. The hiccoughs were now very much better. This was the end of the hour and he went home.

Next day he told me he had not been troubled so much with the hiccoughs, but they had come on at intervals. The scene with G—— he had recounted the day before had kept on recurring to him. He now said that he had the idea that he was both attracted to and repelled by G——'s sexual parts. Immediately after expressing this the hiccoughs ceased and he has had no return of them.

This episode with G——, if it were a real one, took place when he was about three years old, and when his mother and father were away from home for two or three days and he was left in G——'s charge. On the evening of his parents' return he remembered that G—— kept him up till nine o'clock to greet them. He was asleep in a chair when they came in. He woke up and said to them, 'What do you think of me?' He feels that this refers to his episode with G——. He also added that he could see his father clearly, but his mother appeared to him as in a mist.

I will now give a dream of this patient which he had under gas for tooth extraction.

The dream: 'I was about to die, and the chances of a painless death and of death by a violent explosion involving pain more severe than any in human experience were about equal. I then found myself gripping the rim of a wheel which was revolving rapidly and noisily in an anti-clockwise horizontal position. My head was pointing to the centre of the wheel. There was also a slight backward-and-forward movement on my part, which I attributed to a force which was spasmodically exerted with the object of retarding my revolution. This retarding force was zero, representing painless death, and the force which caused the wheel to revolve was infinity, representing death by violent explosion with incredible pain. In accordance with some mathematical formula, I was approaching infinity in spite of the counter-force, and the length of time I should take to reach infinity was ascertainable from the formula. The experience was accompanied by severe pain which I can now identify with the extraction of the tooth, but it seemed almost negligible by comparison with what I was anticipating. There is one other point which is difficult to express in words. As nearly as I can put it, I was split into two persons; the main portion of myself was experiencing the sensation described above, and a rather vague portion stood aloof in the rôle of overseer or sentry, and was aware that I was having a tooth extracted and ridiculed and jeered at the phantasy'.

I asked the dreamer to give any ideas that occurred to him regarding infinity and zero. He said, 'Zero is represented as the cypher for nought. Mathematically infinity and zero are the same thing'.

I asked him about the formula, but he could not remember anything

of it. I then asked him what was the first number he thought of regarding this formula; he immediately replied, 'Nine'. His next association to nine was pregnancy (nine months). 'Painless death' he immediately associated with castration; 'violent explosion with incredible pain' he associated with birth. Zero—painless death, infinity—death by violent explosion; infinity and zero are equated, therefore the two types of death are equated. Painless death = castration, death by violent explosion = birth; therefore birth and castration are equated. His remark 'death by violent explosion involving pain more severe than any in human experience' seems to be quite apt for the pain of being born, for such pain can easily be said to take place before human experience. The forward movement and the retardation with slightly backward movement is also a foetal experience, and describes the pushing forward of the foetus during the labour pains with some backward movement on their cessation. The resistance is the vaginal outlet, or zero, nought. In the patient, however, this outlet was the anal opening. The idea of castration is also applicable here, for the patient had previously associated birth and castration. The dream also indicates coitus with the mother. He was moving towards zero, nought or infinity, vagina or anus (all these are equated), with forward and backward movements, ending in impregnation of the mother (pregnancy, nine months).

The idea in the dream of his being split into two persons seems to indicate that the portion that stood aloof and jeered was his father, i.e. he had externalized that part of his super-ego.

The administration of gas and consequent dream took place on the patient's birthday. His mother at his birth had a difficult labour and had had chloroform administered. She committed suicide by the inhalation of coal gas about eight years ago. There is evidently here an identification with the mother. Death or castration is the result of giving birth and being born. Again, he has to save his mother's life by coitus with her, giving her a new life.

The patient stated that all the time he was talking about the dream he was visualizing himself as standing in a particular place in a certain park. When a little child he had often gone into this park with his mother. He remembered that his mother had often warned him of the danger of being attacked by bad men in the park, and had expressed a fear that they might steal by force her wrist-watch. The patient at that time must have associated wrist-watch and his mother's sexual organs, based on observation of coitus between his parents. He can never keep a watch for long himself without damaging or breaking it. He kept, however, his mother's wrist-watch after her death, and then gave it to N—. We can now understand the use of the term anti-clockwise in the dream. It means against his mother's sexual organs.

He now said he felt himself getting nearer the exit of the park and remarked: 'I fear that you are going to give birth to me. As soon as I get outside I shall have to go in again by the same way'. On asking him why, 'It is dangerous outside, more so than going back, but it is also dangerous in being back. The danger in being back is because men attack my mother in the park, but my mother helps to protect me there'. This is evidently attack by the father during his intercourse with the mother. 'If I get outside I shall be castrated by my father, and my father will coitize me. When I get outside my mother will die, i.e. she is castrated. I must go back to save her. When I get outside I shall feel for my mother love, affection, pity and hate—I do not know which the most'.

The patient has also had frequent phantasies and dreams of being fæces and a portion of fæces in his mother's bowels.

During his analysis he divided women into two classes, those who were constipated and those whose bowels were loose. Constipated women, he said, are virgins, the others prostitutes. His mother was a constipated woman. He was the mass of fæces in her and thus protected her from his father having intercourse with her.

I might add that the patient has never had sexual intercourse, and has experienced hardly any sexual feelings towards the opposite sex. At the same time, there has been very little evidence of conscious homosexuality; however, when advised to come to me for psycho-analytic treatment he told me later during the analysis that he had a great fear at that time lest I should sexually assault him.

This case is extremely interesting from a forensic point of view. There is no doubt that if the patient had not dreamed the dream of taking the money, or if he had not found out in some other way what he had done, his employers would have discovered the defalcations and would certainly have proceeded against him, and it might have ended in his imprisonment, and therefore serious consequences for his future.

I have contributed two other fragments from the analysis of this patient which may be referred to in conjunction with the above details.¹

Douglas Bryan (London).

NOTE ON THE PRECEDING COMMUNICATION

In order to support my remarks on the dream communicated by Dr. Bryan I must refer to certain theoretical propositions which I brought forward in my paper for the last Congress,² and which I accounted for in

¹ 'Speech and Castration: Two Unusual Analytic Hours', *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, 1925, vol. vi., p. 317. 'Epistaxis in a Man Simulating Menstruation', *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, 1926, vol. vii., p. 79.

² Printed in this number of the *JOURNAL*.

greater detail in the lectures which I delivered here last autumn. In one of the early stages of the Oedipus conflict the desire to have intercourse with the mother and to engage in a contest with the father expresses itself in terms of the oral- and anal-sadistic instinctual impulses, which are predominant in this phase of development. The idea is that the boy, by penetrating the mother's womb, destroys it and gets rid of the father's penis which, according to a typical infantile sexual theory, is assumed to be permanently present in the womb (the father's penis at this stage being the complete embodiment of the father), and the way he destroys it is by devouring it. Mingling with this tendency, and yet recognizable as one distinct in itself, is another tendency, whose aim is the same, namely, to destroy the mother's womb and to devour the penis, but whose basis is an oral- and anal-sadistic identification with the mother. From this proceeds the boy's desire to rob the mother's body of faeces, children and the father's penis. The anxiety which ensues on this level is extraordinarily acute, for it has reference to the union of father and mother, represented by the womb and the father's penis, and I pointed out that this anxiety is the essential foundation of severe mental diseases.

From the analyses of little children I have learnt that the dread of the woman with the penis (which has so marked an influence in disturbances of potency in the male) is really dread of the mother, whose body is assumed always to contain the father's penis. The dread of the father (or of his penis), who is thus located within the mother, is here displaced on to dread of the mother herself. By this displacement the anxiety which really has reference to her and which proceeds from the destructive tendencies directed against her body receives an overwhelming reinforcement.

In the exceedingly interesting case reported by Dr. Bryan this anxiety finds clear expression. The mother who in the dream overpowers the patient demands back the money which he has stolen from her, and the fact that it was only from women that he took money shews plainly the compulsion to steal the contents of the womb. Of special significance, too, is the use to which he put the stolen money. It seems evident that the patient took the money for the purpose of throwing it down the lavatory pan, and the obsessional nature of this behaviour is to be explained by his anxiety to make reparation, to restore to the mother (or the womb), represented by the lavatory-pan, that which he had stolen.

One of my female patients, whose grave neurosis proved to be due to her anxiety lest her own body should be destroyed by her mother, had the following dream: 'She was in a bathroom, and hearing steps, she threw the contents of a basket (representing, as we discovered, faeces, children and the penis) quickly into the lavatory pan. She succeeded in getting the pan flushed before her mother came in. Her mother had injured her anus and she was helping her with dressing the wound'. In this case the

destructive impulses against the mother had mainly found expression in phantasy in the form of injury done to the anus.

Not only, then, were the thefts of the money a repetition of the early anal-sadistic desires to rob the mother, but they were also brought about by the compulsion, motivated by anxiety, to make reparation for these early thefts and to restore that which had been stolen. This latter desire is expressed by throwing away the money into the lavatory pan.

The part played by the father in the patient's anxiety is less immediately obvious, but it can, nevertheless, be demonstrated. As I have said, the dread which appears to have reference only to the mother implies also dread of the father (penis). Moreover, the thefts followed on a conversation with the patient's employer on the subject of embezzlement in general, in which the chief expressed his very special reprobation of misdemeanours of this class. This shews clearly how largely the very need for punishment by the father contributed to the patient's committing these offences. Further, what led to his making reparation at the last moment was the fact that he was faced with detection by another man, a new clerk; this man again represented the father, and what prevented the patient from forcibly bringing about a struggle with (punishment by) the father, to which his intolerable anxiety was impelling him, was thus precisely his anxiety of him.

To these remarks, which I made at the meeting when the dream was reported, I should like to add a few more relating to the history of this patient which I have since learnt. The boy's infantile dread of the witch on the broomstick, who he thought would injure his body with some instrument and make him blind, deaf and dumb, represents his dread of the mother with the penis. In his fugue he travelled to Scotland to the witch, ostensibly because his now unbearable anxiety impelled him to try to set matters right with her. How largely, however, this attempt at reconciliation really had reference to the father within the mother is clear from the fact that, before the journey, he had the phantasy of defending a girl against sexual assault by a man. The real object of his journey was in fact to reach the witch's 'hat' (the penis). But, just as later on the occasion of the thefts he was at the last moment restrained by his dread of the other man, so on this journey he did not reach his ultimate goal: a contest with the father's penis. On reaching Edinburgh he fell ill. His associations shewed that this city stood for the witch's genitals: the meaning was, then, that he might not penetrate further. This anxiety is in accordance also with the patient's impotence.

As Dr. Bryan pointed out, the anxiety-dream which followed on the visit to the dentist was based on an identification with the mother. Here the dread of some terrible destruction, of an explosion, was due to the anal-sadistic nature of this identification. Since the patient assumed that

the incapacity to bear children himself involved his destroying and robbing his mother's womb, he anticipated similar destruction for his own body. Castration by the father, which is bound up with this identification with the mother, is represented by the dentist's actions. It shews also in the recollection which emerged when the patient related his dream. The place where he saw himself standing was a certain spot in a park, against which his mother had particularly warned him. She told him that bad men might attack him and, he himself concluded, they might steal his watch.

The patient's doubt about whether and how he could or ought to leave the park is related, as Dr. Bryan in conclusion points out, to his anxiety lest he should be attacked by the father during coitus with the mother—attacked, that is, within as well as outside the mother's body.

Melanie Klein (London)

BOOK REVIEWS

The Neurotic Personality. By R. G. Gordon, M.D., D.Sc., F.R.C.P.(Ed.). (London : Kegan Paul, Trench, Trübner & Co., Ltd. New York : Harcourt, Brace & Co., Ltd., 1927. The International Library of Psychology, Philosophy and Scientific Method. Pp. x + 300. Price 10s. 6d. net.)

Among certain psychological topics which appear to exert an irresistible attraction to the minds of the most varied types of people, one of the chief is 'Personality'. Since it is obvious that only the most gifted workers and thinkers of any era are likely to add to our knowledge or conceptions of such a subject in general, the reviewers of books on it have only to consider the breadth and the persistence of their author's approach. Of the breadth of this author's approach little need be said, and that little in praise; the physiology of the central nervous system, the endocrine system, the work on conditioned reflexes, psychologists of the old school, psychologists of the new school and of no school at all—all are discussed. Perhaps before pronouncing on his persistence, it may be well to define a little more closely what is implied by *persistence* of approach to the problem of personality (here of neurotic personality). Whatever contribution to personality an author takes up should be worked out, if not in minute detail, at least into the main divisions into which personalities may be subdivided; and conversely any particular personality should be 'resolved' in terms of the contribution. Finally, the gaps between the clinical pictures should be revealed as far as possible. The difficulties of this method are revealed, at least as regards popular endocrinology, in an appalling book by Louis Berman called *The Personal Equation*, in which, with reckless and blind persistence, persons were classed as 'adrenal-centred' (President Harding), or 'thyroid-adrenal-centred' (Shelley), and so forth. That book was badly done, but it was carried out on a logical pattern. In the volume before us there is no such singlemindedness. Nor unfortunately is there a discriminating breadth of view to make up for the lack of intensive study. In both intensive and extensive work it fails us.

Personality, as Dr. Gordon amply defines it, 'includes what is meant by both ego and character . . . it involves all the heredity of the individual, that is, all the bodily and mental dispositions . . . comprises the influence which race and ancestry contribute . . . also . . . all the modifications which have been impressed upon the individual from his environment' (p. 1). Thus he makes it so comprehensive that it is useless as a concept, for it has no boundaries; or rather its boundaries are of the widest possible, not the narrowest possible. We are justified in expecting that this initial vagueness and indecision will serve him badly when he

comes to grips with specific problems in the neuroses. Holding with Huxley that there is no psychosis without neurosis (to use the academic, not the medical, terms), he adds the engraphic patterns of Semon and arrives at an integration 'in the way which Sherrington has shown to be typical of the nervous system' (p. 5). He nowhere carries out the parallel, for while Sherrington built up his theory on experimental evidence, the author builds his on analogy. He finds in the theory of emergent evolution the completest expression of his views. We shall return to this point later. Let us first examine his *neurological approach*: 'as far as the nervous system is concerned, we may sum up the bodily components of personality as patterns of neurones arranged in greater or less complexity . . . facilitation or inhibition will depend to a certain extent on the pleasure or unpleasure involved in the experience which results from the activity of these patterns . . .' (p. 13). What are these patterns of neurones? Apparently it does not matter, for he goes on to say: 'This however is not all the story, for in addition to the form and arrangement of neurone patterns we have to consider the factor of temperament, or the influence of bodily processes other than nervous, on the activation of these patterns' (*loc. cit.*), and the temperament is dependent on the endocrine glands and 'the mood of the personality, *certainly depends* [writer's italics] on the efficiency in function of the various vegetative organs, for it is a common observation that constipation or dyspepsia may make a great difference to a person's reaction. . . . Coenæsthesia, or the general sense of well-being, is the emergent total of the various sensory impressions from within the body, and its exact nature is still an unsolved problem in Psychology' (p. 14). Thus vagueness is added to vagueness and the gaps in the clinical picture are filled out with an emergent mysticism. We do not know and are not told what shape these neurone patterns possess, the term being a translation into neurological-engraphic jargon of descriptions of behaviour. And having made the translation the author does no more about it. If he considers that these neurone patterns have a relationship to the hysteric or obsessional neurotic personality the fact should be mentioned; if not, the absence of known correlation should be mentioned. Not only is jargon used to cover present-day ignorance, but statements are made that have no supporting evidence, e.g. 'The fact that synthetic images can and do occur in the course of dreaming *proves conclusively* that high-level cortical activity is *certainly* involved' [reviewer's italics] (p. 25). The italicized words show how over-emphasis is used in places where there is a good reason to hesitate in drawing conclusions. But the whole quotation must be given to show how his process of thinking operates: 'Unquestionably both types of memory—Varendonck's reduplicative and synthetic [who, by the way, has questioned it?] are met with, even in dreams, which by some are regarded as subcortical manifestations. The

fact that synthetic . . . [etc.]'. The author is over-straining the limits of knowledge ; but to what end ? Is he using this to explain personality as a general topic of psychological interest and neurotic types in particular ? Apparently not, for at the crucial test, namely, his application of these views to the particular neuroses, we find that he passes by all this and, indeed, most of the preliminary part of the book !

When discussing the Sentiments he begins to approach the title of his book, for he defines stable Personality as one which has a dominant self-regarding sentiment controlling and integrating the conative activities from which it has emerged, and which works in accordance with a well-defined and high-grade philosophy of life, affording a satisfactory plan of action all through the subject's existence (p. 27). The philosophy must be comprehensive or elastic, or the subject will become neurotic when he comes up against the new and unexpected. Thus the adequacy of the philosophy determines the incidence of neurosis. The writer is not really confused in his thought or in his method, he simply takes up one idea after another without 'integrating' them ; the concepts are much too far apart for there to be confusion. At the bottom of the same page we read : ' Climatic conditions unquestionably influence the personality, and the two factors in this influence are temperature and moisture '. This overwhelming inclusiveness without a manifest endeavour to knit his points together makes every chapter flaccid.

No one would wish to deny the advantages of speculation or the mental stimulus to be derived occasionally from turning psychological concepts into neurological terms, but to put down speculations time and again without an indication that analogy is being employed is misleading, e.g. (p. 42), ' it would appear, therefore, that the neurotic lacks the complete integrative function which probably belongs to the fully developed cortex. . . . Further, this integration depends on the highest possible function of the cortex and anything which depresses this will tend to render neurotic behaviour more probable '. With these notions in mind we smile when we read later (p. 55) in a criticism of the libido theory, particularly the theory of erotogenic zones and infantile sexuality, ' If we examine these on a physiological basis, two questions occur to us. Are all these so-called impulses sexual at all, and can we usefully talk about specific impulses in this way. . . . ' On what physiological basis is the author likely to give us any confidence with all this talk of unverified neurone patterns and cortical integrations in the neuroses ?

It is to be regretted that the author's grasp of the libido theory is not any more accurate than his physiology. His difficulty is with infantile sexuality, e.g. ' the small boy who pulls the wings off flies is not doing anything sexual, but later on his sex pattern may be conditioned by this pattern, which results in cruel behaviour, so that he becomes a sexual

sadist' (p. 59).¹ A passion for physiology leads him to say, 'To return once more to sex, it is suggested that in infancy there is no specialized sexual energy, since all energy must be derived from combustion of food, but there may be an engram, already laid down, whose synaptic "passages" have not yet been so facilitated, that there is a definite serial activation from the specific stimulus to the specific muscular and glandular activity' (p. 61). What does this mean? If there is no specialized sexual energy for the reason given above in childhood, there is none in adult life either, and the essential point of the second part of the statement is dependent on the *date* of the facilitation of discharge, a question that is left unanswered.

Those parts of the book that deal with neurotic personalities, i.e. Hysteria, Obsessional Neurosis, etc., stand in contrast to preceding parts; they look like patchy excerpts from some unpublished handbook for general practitioners on Neurotic Troubles in General Practice. 'Abdominal reflexes are absent in pyramidal lesions, but normally can only be elicited if the abdominal muscles are relaxed. This relaxation is often hard to obtain in hysterical subjects, so this sign is of no certain value' (p. 178). This is useful information and the author here is easy in his mind. There are no exaggerating adjectives and adverbs, no 'proves conclusively' and 'certainly's', but if such elementary diagnostic points as these are necessary, why go on to discuss Tremor in such detail? 'D'Antona found lesions in the putamen and globus pallidus, and also in the locus niger and dentate nucleus, and concludes that the syndrome is due to removal of control of the striate system, the putamen and caudate nucleus, over the globus pallidus and lower centres' (p. 190). These are defects of compilation merely; now for some defects in inference: 'In our estimate of the neuroses as a whole we arrived at the conclusion that there is a want of adaptation both in respect of the environment as a whole and of the particular aspects of the personality. Such adaptation essentially depends on the establishment of cortical function at its highest level and neurotic symptoms correspond to an interference with this function. These higher functions may be summarized as control, integration, discrimination and reference in time and space; all these are noticeably deficient in the neurotic' (p. 192). After reading this, anyone would think that hysterics were deficient in respect to control, *as the term is understood by neurologists*, lacking in integration, *as that term is understood by Sherrington*, discrimination, *as that term is used by physiologists of the sensory system*, such as Head, and so on. The common belief is that the hysteric is not so affected. Does Dr. Gordon realize the magnitude of his

¹ The author takes away the sexuality from the child and puts it on to the adult twice over, for who has heard of non-sexual sadism?

statements? The next paragraph runs: 'To return to the normal engram, we have seen that it is a complicated arrangement [he is again in a confusion between the engram as a *concept*—or hypothesis and a *thing*—e.g. a cluster of nerve cells] involving both the central nervous system and the sympathetic system. . . . In a well-organized engram. . . . Even in normal subjects, however, when this immediate action is impeded by the activity of another engram, say that subserving curiosity, there would be a failure of discrimination and control and the higher cortical centres being in abeyance, there is a short-circuiting at the level of the basal ganglia' (*loc. cit.*). This sentence is meaningless to neurologists, to physiologists, to psychologists, to psycho-analysts, and, to our disappointment, Dr. Gordon does not make clear what he means by it. Having seen him run amok in neurology we turn to the psychopathological aspects of neurotic personality to see if by any chance the author keeps a cooler head in that sphere where speculation is all too prevalent. He says of obsessionals who fear they might commit suicide or go mad, 'The next question that arises is, Does the patient ever lose interest in life altogether, so that his patterns are no longer set towards adaptation to life, but in some other direction altogether? In other words, Does he become insane? My belief is that he does not, that insanity involves quite a different emergent personality and that one does not pass into the other' (p. 131).

'*Emergent personality*' begs the whole question. He goes on with candour to say, 'But there can be no doubt that in the early stages of dementia præcox, manic-depressive insanity, paraphrenias, paranoias, and even in general paralysis of the insane, the correct diagnosis may be a matter of great difficulty, and many persons are labelled neurotic, who are really insane. . . . While this difficulty in diagnosis is a decided stumbling block . . . it does not alter the principle, and should only serve as a stimulus to learn more about the early symptoms of insanity' (*loc. cit.*). Diagnosis is made more sure only by a precise knowledge of ætiological factors operating to produce early symptoms. Just where help is needed the author slips off into philosophy and neurological analogies.

Readers of this JOURNAL will be interested to learn of Dr. Gordon's grasp of psycho-analysis.

(a) *The Concept of the Unconscious* is dealt with in two places; in the theoretical part of the book Freud is accorded 'the very fullest credit and universal acknowledgement' for being the first to point out the fact of neurotic conflict, and he (Freud) holds that conflict brings about repression, i.e. 'the subject is unaware of the given pattern', etc. (p. 30). The other use of the term unconscious is Jung's (p. 87); but when it is a question of the symptoms of hysteria, he does not bring out the fact that the patient is unconscious of the ætiological factors, e.g. Hysterical Disorders of the Reproductive System may be due to the suggestion started by an actual

failure in the performance or by the suggestion of a circumcision or hydrocele or varicocele operation, 'but by far the commonest is the dread of the results of masturbation as portrayed by quack literature' (p. 218). McDougall's definition of suggestion is accepted, so that the author is keeping to conscious levels to a degree that is, to say the least, old-fashioned.

(b) On *Repression* he goes off into his neurological analogies about Head's and Riddock's Mass Reflex and low-level nervous structures and then, having got lost in a quagmire of witting extrusions of a pattern from consciousness, suppressions and fusions resulting in imperfect integrations and the like, he passes on to his favourite theme, 'in neurosis the cortical function is noticeably impaired' (p. 33).

(c) *The Development of the Libido and Regression*. The evidences of the relation of libido and neurosis 'are said' to come from psycho-analysis of neurotics, 'are said' to come from study of the perversions and 'are said' to come from a direct study of the child. For him the psychoanalysts appear to see only two stages in libido development, polymorphous perverse and the adult stage. Of the relation of the *fixations* to the different diseases, i.e. their importance in aetiology, there is no word. There is therefore no hint of frustration or deprivation leading to regression.

(d) After divesting the concept of the *Transference* of its Freudian crudities, he finds in it a great deal of truth, i.e. 'the physician is the "medicine-man" to the patient' (p. 244), to whom, after putting him through the tortures of the confessional he *does* administer the grace of absolution! Thus he uses the transference to obtain allegiance to a high philosophy of life and religion [like Jung, differing from Adler, who uses it to bring redemption through politics]. Of the pre-genital transference to the physician he has apparently no inkling, nor does he, nor can he, explain Resistance due to the Transference.

(e) On *the Vicissitudes of Instinct Impulse* (turning against the Self, turning into the opposite, etc.), he is, if not ignorant, at least indifferent; and yet on his own topic (Neurotic Personality), Alexander, Glover, Reich, not to mention Freud, have written lengthy essays.

(f) *The Feeling of Omnipotence* plays its part in the obsessional neurosis, but that important aetiology is left out, its significance in the psychoses even is omitted.

(g) *The Grades in the Ego* are not understood.

(h) *The Development of Object Relationships* is terribly muddled.

(i) The combination of instinct impulses directed to the outer world and the elaboration of them in phantasy which goes by the name of the *Œdipus Complex* is mentioned with much *naïveté*, '... an Œdipus Complex, that is to say, he was abnormally attached to his mother and disliked his father' (p. 65), or again, 'the insistence on the physical incest factor depends, not on real observation, but on stereotyped interpretation of symbols' (p. 80).

He remarks, 'I am aware I am laying myself open to the criticism that I am prejudiced against the idea of finding incest wishes in infant psychology, but I believe I can honestly say I am not. I do not hold that patients are in any way responsible for the conative strivings of their emotional dispositions, in the unintegrated and consequently uncontrolled state, and if I was convinced that the first striving of sex was towards actual physical relationship with the parent of the opposite sex (the Œdipus Complex is, of course, reversed in the case of girls) I see no reason why it should not be, but I would like to give my own experience for what it is worth' (pp. 76-77).

The key to the book is its underlying philosophy of *Emergent Evolution* which gets the author out of his difficulties at a stroke, while less mystical people plod on with smaller theories to fit particular fields of observation. The author presents a strange lack of *persistence* in carrying out his task, for, feeble though the Emergent Evolution theory is when used to explain difficult technical points, it can assume an imposing if not a solid front in the world of thought. Oddly enough, just where he drags in Emergent Evolution the psycho-analysts have something definite to say.

Let us end this long review with a lament that the dust of Darwin should fall to such base uses. As Hamlet said,

Imperial Caesar, dead and turned to clay,
Might stop a hole to keep the wind away:
O, that that earth, which kept the world in awe,
Should patch a wall t' expel the winter's flaw.

John Rickman.

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Hypnosis. By Professor Paul Schilder, M.D., Ph.D., and Dr. Otto Kauders. (Nervous and Mental Disease Publishing Company, New York and Washington, 1927. Pp. 118. Price \$2.50.)

This book on Hypnosis is, I believe, the first of its kind in which an attempt is made to explain the phenomenology of hypnosis from the psycho-analytical point of view. And, furthermore, the authors seem to consider that the psycho-analytical explanation is the best. That the authors have a fairly sound knowledge of the principles of psycho-analysis is evident from their application of these principles for the explanation of the phenomena of hypnosis, but at times, however, one finds misconceptions of certain psycho-analytical theories, at others some confusion of terms, as, for instance, between ego-ideal and ideal ego. However, notwithstanding these defects the authors have produced a book on hypnosis which is far in advance of those numerous works which have preceded it.

From the point of view of treatment the authors say (p. 105): 'We consider this method (psycho-analysis) to be a royal remedy in the treatment of serious neurotic troubles, regardless of whether they result in organic symptoms or not. Hypnosis is only the method for easy and

medium cases and so may have great symptomatic value even in the treatment of serious cases'.

The book can certainly be recommended to those interested in hypnosis.

Some of the obscurities that appear in the text are probably due to the translation; for instance, on p. 25 it says: 'The only thing that happens is that occupations are withdrawn from the objects'. The use of the word 'occupations' conveys no meaning whatever. It seems to me that 'cathexes' would be the correct word in this case. It would be useful for the translator to study the Glossary, Supplement No. 1, to the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS before translating books in which words and phrases from psycho-analytic works occur.

D. B.



Dreams. By Dr. Percy G. Stiles (Harvard Medical School). (Humphrey Milford, Oxford University Press, London, 1927. Pp. 80. Price 7s.)

This curious book was evidently issued from a frankly personal interest. Dr. Stiles disclaims any serious interest in dream psychology and does not attempt to relate his observations to the investigations of other people. He merely happens to have been always interested in the manifest content of his own dreams and here offers abstracts and illustrations from a collection of thirty years.

It is a jolly little book written very amusingly and accompanied by a number of appropriate personal sketches. The author is evidently of a philosophic and amiable disposition and has the art of talking about himself in a way that is pleasing to the audience.

There is a casual reference to Freud and the author, as is so common, makes the mistake of thinking that the latter holds all dreams to be sexual. The following passages may be quoted in this connection: 'It is not easy to be fair to the Freudians. The temptation is strong to caricature their principles and to say that their rule is to put the worst possible construction on all they can find out about the patient. . . . Decent living is a somewhat recent attainment of the race, and recent attainments are insecure possessions. . . . The saints of the first century appear to have been closer to the Freudians than some modern disciples who maintain that a state of sanctification is possible in which no regressive tendencies shall exist. Would not such a condition be one of moral stagnation, and definitely less noble than one in which conflict is an acknowledged fact? If primitive tendencies do exist and are counterbalanced in waking hours by the best elements of character, why should they not be manifested when sleep has removed the restraint? Among these impulses are of course those of sex. They are not to be regarded as base, but their control is essential to the altruistic and social life' (pp. 34-35).

The author makes very few general observations: the two chief ones

are contained in the following sentences : ' It is his feeling that very few generalizations are permissible. The chief one which he is inclined to stress will probably not be disputed : it is, that dreaming sets one back towards childhood ' (p. 62), and ' It is now possible to sum up some well-marked traits of the dreaming personality. It is, first of all, egotistical. The prevailing mood is one of self-satisfaction ' (p. 78).

We may close our notice of the book by citing the following entertaining awakening dream. ' The time for waking was at hand and the unwelcome necessity began to be adumbrated in the dreaming consciousness. " I must look at my watch ", thought the subject. " Here it is—no, this is a five-cent. piece but it will do just as well." Then, reading the date—" 1855, that is early !"—A feeling of exquisite relief and contentment ' (p. 71).

E. J.

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Mental Disorders. By Hubert J. Norman, M.B., Ch.B. (Edin.). (E. & S. Livingstone, Edinburgh, 1928. Pp. 443 + xxx. Price 14s.)

Dr. Norman is by instinct a *littérateur*. Hence his book is a model of scholarly style adorned with gems from the great authors of bygone days, his ' Historical Survey ' of lunacy from Biblical days to 1838 is as excellent as could be within the compass of fourteen pages, and his ' Clinical Examples in Life and Literature ' (i.e. historical characters who exhibited mental disorder) must be nearly complete.

We regret to find, however, that the rest of the book is an anachronism and compiled after the fashion of those popular text-books by Savage and Clouston towards the end of the last century before the work of Kraepelin and Freud had become known in this country. The author cannot adopt the modern ' revolutionary attitude towards the past and towards the great men who are its representatives '. Hence the classification and descriptions appear confused to a reader of to-day.

For example : Mania, Melancholia and Manic-Depressive Insanity are three separate diseases, hallucinations occur in (presumably uncomplicated) Melancholia, while confusion and loss of memory are symptoms of both mania and melancholia ; yet this is—alas !—a ' Handbook for Students ', poor souls.

There is a chapter of twenty pages on the ' Pathology of Mental Disorder '. Seven of these pages are about the cerebrospinal fluid, five on physical stigmata of degeneration and the rest on the morbid anatomy of Dementia Præcox, General Paralysis, Alcoholism (meaning chronic poisoning by alcohol), Epilepsy, Alzheimer's Disease, Brain Tumour and Encephalitis Lethargica. The fact that there is no morbid anatomy of Neurasthenia, Psychasthenia, Mania, Paranoia, etc., receives no comment ; but the chapter ends with a pathetic little paragraph : ' Obviously there is

already a pathology of mental disorders. An extension of its scope is only a matter of time'.

Owing to an uncompromising adherence to a purely materialistic approach to mental problems there is not a word of psychopathology in the whole book. Christian Science and psycho-analysis are 'attempts to talk him out of it'. 'Freud regards dreams as examples of wish-fulfilment and has written at length on the subject. This seems an unduly arbitrary method of classifying them'. Under the heading of Psycho-analysis in the bibliography three books are named, viz.: Freud's *Introductory Lectures*, Adler's *Neurotic Constitution*, and Wohlgemuth's *Critical Examination of Psycho-Analysis*.

There are fifty-seven excellent illustrations. More than half of these are of the faces of mental patients, many of whom would pass muster as normal in appearance.

The general get-up of the book is admirable.

W. H. B. Stoddart.



The Mind. By various authors. A Series of Lectures delivered in King's College, London, during the Lent Term, 1927. Edited by R. J. S. McDowall, D.Sc., M.B., F.R.C.P. (Ed.). With an Introduction by Ernest Barker, M.A., D.Litt., LL.D. (Longmans, Green & Co., Ltd., London, New York, Toronto, Calcutta, Bombay and Madras. Pp. 316. Price 8s. 6d.)

This volume contains a series of ten lectures delivered at King's College last year. They are grouped as follows: Biology, by Professor Julian Huxley; Physiology, by Professor R. J. S. McDowall; Psychology, by Dr. F. A. P. Aveling; Psychotherapy, by Dr. J. A. Hadfield; Physics, by Professor F. A. Lindemann; Philosophy, by the Rev. W. R. Matthews; Education, by Professor J. Dover Wilson; Æsthetic, by Mr. R. G. Collingwood; Anthropology, by Professor C. G. Seligmann; and Sociology, by Professor L. T. Hobhouse.

The basic problems of the mind are considered from the points of view of the contributions which can be made to them by the various ancillary sciences. The problem most often discussed is the old one of the relationship between mind and matter and it cannot be said that this has been furthered in any essential way in spite of the laudable attempts at clarification on the parts of Dr. Aveling and Professor Huxley.

The volume was very well worth publishing if only for two extremely brilliant essays, those by Mr. Collingwood and Professor Lindemann respectively. Both of these are highly original and suggestive. Mr. Collingwood draws an interesting contrast between æsthetics and psycho-analysis as founding together a science of the imagination from the normal and pathological standpoints respectively. He depicts the modern purist

attitude towards æsthetic problems, though he fails to further this by indicating what is the source of the psychic significance residing in the perspectual entity to which he has reduced this æsthetic problem. Professor Lindemann deals with the interesting question of the aspects of physical theory and his scepticism extends even so far as the law of causality.

Of the rest of the book one or two chapters are mediocre, two are excellent, those by Dr. Hadfield and Professor Huxley respectively, and the rest are good. Dr. Hadfield brings out very clearly, with one exception, the main contributions of modern clinical psychology, particularly the dynamic nature of mind, its determinism and autonomy and the importance of the unconscious. The only missing element is the special significance of sexual instinct, but perhaps this was less relevant in such a general context. We regard it as very unfortunate that he should have consented to entitle his lecture 'Psychotherapy', for this is the name of an art rather than a branch of knowledge.

E. J.



Speaking with Tongues Historically and Psychologically Considered. By George Barton Cutten, Ph.D., D.D., LL.D., President of Colgate University. (Yale University Press, 1927. Pp. xii + 193. Price \$2.50.)

The purpose of this relatively small volume is, as stated in the preface, to provide a work covering the subject of glossolalia, both religious and non-religious, that might be available to English-speaking readers. The author chose to write the book with the general reader rather than with the trained expert in mind. He asserts that, while he 'used the latest results of scholarly research' in the preparation of the book, he confined his efforts to an attempt 'to interpret these results to those unfamiliar with technical subtleties, and to evaluate them for the general reader' (p. xi.). The selection of a popular audience necessarily imposed certain limitations upon Dr. Cutten's treatise. The last chapter of the book, entitled 'Psychological Explanation,' has suffered especially, it seems to us, in the attempt to steer a true course between the Scylla of the layman's psychiatric grasp and the Charybdis of inadequate exposition.

The first seven chapters of 'Speaking with Tongues' are devoted to an historical survey of religious glossolalia. They are replete with interesting data. The phenomenon doubtless appeared long before the advent of Christianity and has recurred with varying frequency and in differing extent up to the present. Chapter I is of an introductory nature. An exegesis of the various New Testament accounts of the phenomenon is given in Chapter II. The author feels that there is no reason to believe that the modern examples of speaking with tongues are fundamentally different from New Testament instances. Chapter III describes mani-

festations among the Church fathers and saints after apostolic times. A vivid sketch of the story of the Camisard insurrection in France and its attendant religious events constitutes Chapter IV. Chapter VI relates the career of Edward Irving in England and the glossolalic activities in Irvingite congregations. As to other sects (Chapter V), speaking with tongues has been especially prevalent among Mormons and Shakers. Interesting specimens of glossolalic utterances among adherents of both these faiths are quoted, in which verbigerative and perseverative tendencies are obvious. Of modern manifestations (Chapter VII) a representative number are recorded, including the recent case of the son of the pastor of a prominent New York City church, who according to the *New York Times* (June 21, 24 and 25, 1927) was overcome by a power believed to be the Holy Spirit and sang in an unknown language (p. 132). The author's critical comments on the gift of tongues from a *theological* standpoint indicate that he considers it a rather dubious variety of religious experience.

The non-religious form of speaking with tongues is discussed in Chapter VIII. Two famous examples, the cases of Mlle. Hélène Smith and of Mr. Albert Le Baron (both pseudonyms) are summarized. The former instance, which was accompanied by cryptographia, was studied by Th. Flournoy, the latter came to the attention of William James. A brief note on Maeder's case report of glossolalia in a dementia præcox ends this chapter. No mention is made, however, of Pfister's investigations along these lines.

Readers of this JOURNAL will probably be mainly interested in Dr. Cutten's final chapter ('Psychological Explanation'). They will, we believe, find it somewhat disappointing. The dilemma with which the author must have been confronted in his attempt to elucidate scientifically the quite technical psychopathological manifestation of glossolalia for the edification of the general reader is self-evident. He approaches this task from a purely descriptive angle and discusses the classification of glossolalia as ecstasy, catalepsy, or hysteria. After assaying the relative diagnostic merits of these three terms, he hastens to add: 'One must recognize that in naming the state he does not thereby explain it. That is too old a fallacy to ensnare us in this generation. We may classify speaking with tongues as hysteria, catalepsy, or ecstasy: this but aids us in description, we must still account for it' (p. 159). And yet, as we read further, we feel that the author is never quite willing to let go the descriptive approach entirely in favour of an analytic one. He lays much stress on such factors as suggestion, auto-hypnotism, mental contagion, etc., as if they were ultimate causes rather than phenomena analysable in themselves. His brief psycho-analytic comments are intertwined with neuro-physiological considerations. He states (p. 162): 'In conditions of instability, the subconsciousness has a tendency to bring to the surface

normally regressive and concealed characteristics, in which emotional elements predominate. According to the Freudian theories these would be of childish origin'. On p. 160 we read: '. . . in considering speaking with tongues we have to do with a state of personal disintegration, in which the verbo-motive centres of the subject are obedient to subconscious impulses'. On p. 163 a brief reference is made to 'emotional tendencies ordinarily repressed or lying in a potential state, now known as complexes'. But again on p. 169 we read: '. . . the upper centers become clogged, rational control takes flight, the lower centers assume control, a trance condition may be present . . . there breaks forth a lot of meaningless syllables'. Whether these 'centres' are to be thought of as anatomical aggregates or as functional dispositions is not indicated. At any rate such physiologizing takes much for granted. In addition to speaking of the 'subconsciousness', the author also uses once or twice, in an apparently interchangeable sense, the term 'unconscious'. (Cf. 'the lower, reflexive, unconscious self', p. 167; 'the subconsciousness of the subject', p. 170.) Psycho-analysis can contribute materially more to the psychological explanation of glossolalia than Dr. Cutten indicates. While he seems to have sensed the exhibitionistic and narcissistic implications of the activity, he does not develop the significance of these factors to any degree. Such points as the element of oral erotism, the relation to coprolalia, etc., are not treated. A fairly representative bibliography (Pfister's essays on glossolalia and cryptographia in the *Jahrbuch* are omitted) and a well-prepared index enhance the usefulness of the book.

M. A. Meyer.

★

Dermatological Neuroses. By W. J. O'Donovan, O.B.E., M.D., M.R.C.P. (London: Kegan Paul, Trench, Trübner & Co., Ltd. Pp. 99. Price 2s. 6d. net.)

The psychic factor in diseases, not as a merely verbal statement but as a phenomenon worth scientific investigation and understanding, is progressively becoming recognized. Dr. O'Donovan has been content in this little monograph to give a descriptive account of various skin diseases, with several brief case histories, where the recognition of the psychological element was of therapeutic value. The skin diseases here discussed include alopecia, areata, urticaria, pruritus, eczema, lichen planus, varicose ulcer, psoriasis—a large proportion of the commoner skin affections. To the psychotherapist, the occurrence and disappearance of some of these skin troubles in his routine practice will be familiar; in others, e.g. lichen planus, the psychological factor will probably be new. It is to be hoped that Dr. O'Donovan will pursue his valuable and in many respects original line of investigation. In many patients the determination of the seat of the disease, and perhaps of the particular lesion, is historical, but a psycho-

analytic study would certainly reveal some general determining factors both in the life of the patient and in the choice of the skin disease.

M. D. Eder.



Psychology and the Soldier. By F. C. Bartlett, M.A. (Cambridge: The University Press. Pp. viii + 224. Price 7s. 6d. net.)

That the reluctance to admit psychology into the upper hierarchy of the sciences is not entirely unjustifiable may be illustrated by comparing the attitude of a Cambridge psychologist towards the soldier and warfare with that of a Cambridge physiologist. Mr. Haldane, in his *Defence of Chemical Warfare*, envisages the future soldier as an alert chemist, bacteriologist, engineer, with the entire suppression of what he calls Bayardism with its uniforms, salutes, Field Marshals and Corporals; in short, Mr. Haldane presumes that if a nation goes to war it will use all the resources of modern science in order to win. Mr. Bartlett, on the other hand, is all for Bayardism; he lectures to young officers on discipline and punishment, leaders and leadership, *morale* and games with drills and uniforms, pips, and all the rest of it. The soldier is presumably to be drilled into the kind of irresponsible and suggestible creature that the Bayard higher command wants—the soldier satirized in Kipling's *Soldiers Three*, whose only outlet from drills and discipline was in those childish escapades and whose worth as time-expired men was probably estimated at 'fourpence a day'.

Mr. Bartlett, who can on occasion make use of the technical terms of modern psychology, betrays little understanding of its content—that would be too modern a touch—or possibly he considered that his hearers (the book is a selection from lectures given to military students at Cambridge) lacked the intelligence to follow psychological problems. To regale military students with the banalities in the second part of the book is, however, unfairly underrating the intelligence of his listeners. Almost any senior officer with some knowledge of the world would give his junior officers more strenuous and more valuable lessons in applied psychology (minus the technical terms) than Mr. Bartlett offers.

It is significant that the author makes no reference to the repressed instincts of cruelty, lust and destruction which play so large a part in war; the questions of sex as in lust or homosexuality, which have something to do with war and the soldier, are not touched upon, although one section is devoted to the mental disorders of war. One might imagine that these lectures were given for gardeners at Miss Pinkerton's Academy for Young Ladies rather than to groups of warriors about to be.

The first part, which deals with such questions as the testing of the special senses and similar psychological processes, is the most satisfactory. Mr. Bartlett does not overvalue intelligence tests by which a man may be

safely 'ruled out', but intelligence tests by which a man cannot be safely 'ruled in'.

The third part, dealing with the mental disorders of warfare, is superficial and inaccurate, the psychopathology is twenty years out of date; he describes the word-association test as 'free association' and, a minor mistake but symptomatic of his inaccuracy, confuses anxiety neurosis with anxiety hysteria. The only good thing that can be said for this section is that the word 'neurasthenia' is not mentioned.

Dr. Mercier used to regret the success of his efforts in making the study of psychology precede the study of insanity, for a knowledge of text-book psychology, he used to say, is of no more value than a knowledge of cuneiform inscriptions; one feels something like this about Mr. Bartlett's book: what a waste of effort for the military student. Anyway, it is good to know that this out-of-date psychology is only being taught to prospective officers—there is still hope for the rank and file.

M. D. Eder.

*

The Psychology of Youth. A new edition of *Youth and the Race*. By Edgar James Swift. (Charles Scribner's Sons, 1927. Pp. 342. Price \$2.50.)

This book is one of a numerous class now appearing in America whose high-sounding titles give promise of much more than the almost pathetic limitations of their authors allow them to fulfil. In this case the author has evidently had little direct experience of his subject, his case-material being limited almost entirely to newspaper accounts of various escapades of adolescents. The fact that he has had to fall back on this as practically his sole material is illuminating with regard to the equipment of the author for dealing with his subject, as well as to the degree of enlightenment we may expect from the pen of so pronounced an armchair psychologist.

He makes a plea for greater understanding of and sympathy with the instinctual tendencies of adolescents, without, one fears, any real knowledge of what these tendencies actually are. One has the feeling that he would be unutterably shocked if he found out. The present reviewer is undoubtedly open to the charge of prejudice in the matter, but it does seem impossible to do real thinking or valid writing on the psychology of youth without taking into account, in one way or another, the enormous contribution of Freud and his followers to modern thought on the subject. Unquestionably, Professor Swift's basic plea for sympathy and understanding is in itself to be interpreted as an echo or back-wash of the psycho-analytic influence upon psychology. But it is nothing more than an echo, faint and uncomprehending. There is nowhere in the book mention of Freud or of any of his ideas. The scientific validity of the book, as well as its interest

to those possessed of psycho-analytic insight, may be well estimated by the following excerpt :

‘ Civilization is young. Not very long ago man was wandering about from place to place, remaining in one spot only so long as a comfortable living could be secured for the tribe by hunting, or until driven away by superior enemies. It would be strange indeed if long ages of forest life, during which man laid aside his weapons only to enjoy what they had given him or to prepare for new conquests, should have left no impress on his descendants. But we are not dependent here upon mere conjecture. Let us delay for a moment to glance at some of the evidence.

‘ Various writers have called attention to certain fears for the existence of which only racial reasons can be offered. As illustrations we may mention fear in the woods after nightfall, though they are much safer to-day than many city streets where children and men do not have the same timidity ; the instinctive fear of wild animals and reptiles ; fear of high winds, even among those who have never experienced cyclones or tornadoes ; and agoraphobia, an inexplicable fear on any other basis than as a survival of the time when exposure in the open meant death ’.

It might be argued that the book has a certain popular appeal, that it will tend to interest a certain portion of the population in a new approach to problems of adolescents, that it is valid propaganda of a kind ; but to the present reviewer it seems that such shallow, superficial performances are worse than useless, tending to stultify thought rather than to stimulate it.

W. V. Silverberg.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

THE AMERICAN PSYCHO-ANALYTIC ASSOCIATION

The Fourth Annual Mid-Winter Meeting of the American Psycho-Analytic Association was held in New York City on December 27, 1927, under the presidency of Dr. William A. White, of Washington.

In his Presidential Address Dr. White endorsed the stand which the New York Psycho-Analytic Society had taken in regard to lay analysis, but expressed the hope that in the future some method could be found whereby the invaluable discoveries of psycho-analysis could be made available to the people at large.

Dr. Ernest Hadley, of Washington, D.C., spoke on 'Infantile Sex Organizations in Hay Fever', wherein he traced the origin of the symptom to erogenous sensations connected with sniffing.

Dr. J. H. Cassity, of Washington, spoke on 'Instinct *versus* Culture in Psycho-Analysis.'

Dr. H. S. Sullivan, of Towson, Maryland, spoke on 'Intramural Practice of Psycho-Analysis'. Dr. Sullivan outlined the various difficulties experienced in psycho-analytic practice in a closed institution, especially with the personnel, but he felt that transference could be obtained and handled intramurally in a satisfactory manner, if not quite as successfully as in extramural practice.

No business session was held. The attendance included not only an unusually large proportion of the active members, but also nearly one hundred physicians who came as guests.

C. P. Oberndorf, M.D.,

Secretary.

THE PSYCHO-ANALYTIC MOVEMENT IN AMERICA

From my acquaintance with the psycho-analytic movement in other countries it is safe to say that nowhere has the interest in psycho-analysis been so diffuse and at the same time so superficial and confused as in the United States. During the past year the tendency to cloud the perplexed public mind has been decidedly increased by the considerable publicity which attended the visits of several European analysts, including Ferenczi, Rank and Adler to this country. Moreover, the charlatans, who have always followed on the trail of every great movement in science, have not been slow to utilize Freud's position in regard to lay analysts, to excuse their totally inadequate preparation of any kind.

On the other hand, the psycho-analytic teachings in regard to the

necessity for more minute and penetrating anamneses, the influence of sexual impulses, the importance of the Oedipus tendencies in familial situations, and the conflicts engendered between instinctive trends and cultural demands, have been adopted by lecturers on social topics and child guidance, so that these psycho-analytic positions have become commonplaces in our social thought and discussions.

While most of the presentations made by this group of sociologists are superficial, considerable progress has been made in the education of psychiatrists in psycho-analysis. In America, the possibilities of psycho-analysis in psychiatry have become recognized more generally than in some other countries. Many of the leading institutions for the insane are securing the services of trained analysts for therapeutic and interpretive purposes, and some have actually paid for the training in psycho-analysis of selected physicians attached to their staff.

The closer affiliation of the American Psycho-Analytic Association with the American Psychiatric Association has been accomplished by the arrangement of joint sessions, and in Washington, under the leadership of William A. White, another psycho-analytic centre seems to be well on its way to sound growth. It will not be surprising to find, before very long, a psycho-analytic group organized in the Mississippi Valley.

The New York group has arranged an introductory course of lectures in psycho-analysis which was attended by eighteen physicians, all of whom had had excellent training in psychiatry or neurology. The *Journal of the American Medical Association* finally agreed to publish an advertisement of this course after its council on medical education had pronounced upon it favourably. This is considered quite an achievement, as the American Medical Association *Journal* has always been opposed to the endorsement of psycho-analysis. In addition, the New York group has initiated the Educational Trust Fund Endowment which at the present time amounts to \$2,200. The New York Society itself is vigorous and active, and has been able to increase steadily its requirements for full membership.

C. P. Oberndorf, M.D.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1927

October 5, 1927. Annual Meeting of Members. The following officers were elected for the ensuing year :

President : Dr. Ernest Jones.

Hon. Treasurer : Dr. W. H. B. Stoddart.

Hon. Secretary : Dr. Douglas Bryan.

Hon. Librarian : Miss Barbara Low.

Members of Council : Dr. M. D. Eder, Dr. Edward Glover, Dr. John Rickman and Mrs. Riviere.

The Secretary reported that the Society now consisted of twenty-seven members, twenty-nine associate members and two honorary members.

The following were elected as members of the Training Committee : Dr. Bryan, Mr. Flügel, Dr. Jones, Dr. Payne and Dr. Rickman.

It was decided to create a ' James Glover Memorial Fund ' which was to be expended in the purchase of a special library.

The following sub-committee was elected to raise and administer the fund : Miss Barbara Low, Dr. Stoddart and Mr. James Strachey.

October 19, 1927. Dr. Ernest Jones : The early development of female sexuality.

November 2, 1927. Dr. Kapp : Exognosis. Direct knowledge can only be of occurrences within one's own body. The deduction that sense data are due to external objects constitutes a psychological act for which the author uses the term ' exognosis '.

November 16, 1927. Mr. E. Pickworth Farrow, M.A., D.Sc. (guest of the Society) : Conventional methods of scientific research in relation to psycho-analysis.

December 7, 1927. Dr. Douglas Bryan : (a) A dream of forensic interest. (b) Some phrases from the Welsh language which had a psycho-analytical interest.

Douglas Bryan,

Hon. Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1927

September 27, 1927. Short communications :

1. Dr. Boehm : A psycho-therapeutic success with an unfavourable termination.

2. Dr. Radó :

(a) A poem by Mombert.

(b) Remarks on the new excavations at Pompeii.

3. Dr. Fenichel : A review of Hattingberg's account of psycho-analysis published in Birnbaum's *Manual of Psychotherapy*.

4. Dr. Simmel : On cramp in the leg.

October 4, 1927 :

1. Dr. Bernfeld : Fascination and identification.

2. Dr. Wulff (guest of the Society) : Remarks on some results obtained by a psychiatric-neurological examination of chauffeurs.

October 11, 1927. Short communications :

1. Dr. Hárnik : Resistance to dream-interpretation in analysis.

2. Dr. Sachs : Inhibition of productive activity through a desire to keep phantasies secret.

3. Frl. Dr. Kirschner : Development of a schizophrenia.

October 29, 1927. Discussion on ' The relation between giving up

onanism and obsessional symptoms'. Dr. Simmel opened the discussion, which was continued by Drs. Fenichel, Hárnik, Frau Benedek, Erwin Kohn, C. Müller-Braunschweig.

November 8, 1927 :

1. Dr. Bally : Pregenital development of the ego.
2. Dr. Alexander : Three observations of children (one of them of therapeutic significance).

November 15, 1927 :

1. Dr. Hárnik : The compulsion to cut off women's hair.
2. Dr. Radó : Notes from the analysis of a fetichist.

November 26, 1927. Discussion on 'Relapse into illness after an apparently complete analysis'. Dr. Boehm introduced the discussion, which was continued by Drs. Alexander, Benedek, Hárnik, Sachs, Winogradow (Kiev, guest of the Society), Radó, Simmel, C. Müller-Braunschweig.

December 6, 1927. Dr. Franz Cohn (guest of the Society) : A case of agoraphobia.

December 17, 1927. Discussion on Freud's *Die Zukunft einer Illusion*. The discussion was opened by C. Müller-Braunschweig and continued by Drs. Sachs, Bernfeld, Frau Lowtsky, Radó, Erwin Kohn and Pfarrer Link (guest of the Society).

At the Business Meeting Dr. Franz Cohn (Berlin-Wilmersdorf, Helmstädterstrasse) was elected as Associate Member.

Dr. A. Loofs resigned his membership of the Society.

In the Autumn Quarter (Oct.-Dec.), 1927, the following courses of lectures were held at the Society's Institute (Berlin, W. 35, Potsdamerstrasse 29) :

(a) *Obligatory Course*

1. Sándor Radó : Introduction to Psycho-analysis. Part I. Lectures, 7. Attendance, 53.
2. Franz Alexander : Elements of dream-interpretation. Lectures, 7. Attendance, 24.
3. Ernst Simmel : Theory of the different neuroses. Part II. Lectures, 7. Attendance, 30.
4. Hanns Sachs : Technique of psycho-analysis. Part I. Lectures, 7. Attendance, 45.
5. Otto Fenichel : Seminar on Freud's metapsychological works. Seven sessions of two hours each. Attendance, 19.
6. Sándor Radó : Discussion on technique. Seven sessions of two hours each. Attendance, 13.
7. Max Eitingon and others : Exercises in practical therapy (control-analysis).

(b) Optional Course

1. Criticism of non-analytic therapeutic methods. (Attendance about 50.)
 - (a) Radó : Hypnosis and suggestion. Two hours.
 - (b) Simmel : Catharsis. One hour.
 - (c) Schultz-Hencke : Individual psychology. Two hours.
 - (d) Fenichel : Psychology. One hour.
2. Hanns Sachs : The psycho-analysis of wit. Lectures, 7. Attendance, 14.
3. Carl Müller-Braunschweig : The relation of psycho-analysis to ethics and religion. Seven hours. Attendance, 14.
4. Siegfried Bernfeld : Psycho-analytical discussion of practical educational problems. Attendance, 43.
5. Jenő Hárník : Seminar on the literature of the obsessional neurosis. Seven sessions of two hours each. Attendance, 13.

Dr. Sándor Radó,

Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1927

October 15, 1927. Dr. S. Ferenczi : Account of his lecturing-work abroad. Besides describing his own instructional work, Ferenczi gave a vivid picture of scientific movements and of individual scientists in America.

October 29, 1927. Dr. I. Hermann : Notes on the formation of the super-ego. In many obsessional neurotics the development of the super-ego is determined by a special *historical* factor, namely by faulty or immoral actions on the part of otherwise moral fathers. In two cases persons less closely associated with the subject were the initiators of immoral acts. Both incidents admit of a single construction, if we give a place in the development of the super-ego to a 'group-scheme' in which are included the demands of strangers and of those in the environment of the subject. The part played by near and distant relationships in idealization.

November 11, 1927. Dr. S. Ferenczi : Gulliver-phantasies.

November 19, 1927. Dr. M. Bálint : The dread of death (a clinical contribution). The approach of death is detected by the patient in various illnesses. Angina pectoris differs from other acute seizures, such as epilepsy, choking-fits, apoplexy and so on, in that the patient goes through this terrible experience with his consciousness perfectly clear. It is therefore probable that this is the illness in which we have the truest picture of the dread of death. Analysis of the death-phantasies of a patient suffering from angina pectoris has fully confirmed Ferenczi's hypothesis that the dread of death is really dread of castration.

November 25, 1927. Review of Fr. Alexander's book: *Die Psychoanalyse der Gesamtpersönlichkeit*. Dr. I. Hermann spoke on the clinical and Dr. G. Dukes on the criminological aspects of the book.

December 9, 1927. Dr. G. Róheim. Racial psychology and evolution. Contrast between oral types of peoples (primitive people) and anal types (civilized peoples). Beginnings of civilization on an anal basis amongst primitive peoples (magic symbols of the inhabitants of Southern Australia, the capitalism of the Melanesians) are to be construed not as progress from the oral level, but as regressive manifestations of a genital-phallic symbolism. The speaker suggested that civilization is evolved in cycles from the oral to the anal and genital level. In his view true civilization begins in consequence of castration-anxiety and is a flight from genitality. Amongst the regressive mechanisms which make for civilization, those of hysterical phobia and of obsessional neurosis were shown by Dr. Róheim to have a place. Further, the ego-mechanism of introjection and the successive stages in the formation of the super-ego play a part in the evolution of civilization.

December 16, 1927. Dr. S. Pfeifer and Dr. L. Révész: Review of W. Reich's book: *Die Funktion des Orgasmus*.

At the invitation of the Kecskemét Branch of the Provincial Medical Association, Dr. M. Bálint read a paper on the relation of psycho-analysis to medical practice.

Dr. B. V. Felszeghy has resigned from the Society.

Dr. Imre Hermann,

Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1927

October 19, 1927. *General Meeting.*

1. Report of the Clinic by Dr. Hitschmann.
2. Report of the Training Institute by Frau Dr. Deutsch.
3. Report of the Treasurer (Dr. Nepallek).
4. Subscription of Membership.
5. Report of the Business Meeting of the Congress by Dr. Federn.
6. Retirement of officers of the Society.
7. Election of officers.

The following were elected to serve on the Council: Prof. Freud, President; Dr. Federn, Vice-President; Dr. Jokl and Dr. Reich, Secretaries; Dr. Nepallek, Treasurer; Dr. Nunberg, Librarian; Frau Dr. Deutsch, Principal of the Training Institute; Dr. Hitschmann, Superintendent of the Clinic; Dr. Reich, Leader of the Seminar on Technique.

8. Executive Committee. Report by Dr. Hitschmann and Dr.

Jokl. It is proposed to extend the scope of the ' Propaganda Committee ' which was formed two years ago, but which encountered difficulties within the Society. The object is the enlightenment of the medical profession by organizing lectures in scientific societies, by publishing articles and reports in medical journals and by educating public opinion. The following are on the Committee : Frau Dr. Bibring, Dr. Hartmann, Dr. Hitschmann, Dr. Jokl, Dr. Winterstein, Dr. Wittels.

November 2, 1927. Discussion on ' Onanism '. (a) Dr. Federn opened the discussion with a summary of the different views hitherto advocated, referring especially to the discussion held by the Society in 1911-12. (*Onanism. Fourteen contributions to a discussion by the Vienna Psycho-Analytical Society.* J. F. Bergmann, 1912.)

(b) Dr. Wittels : The phylogenesis of onanism.

(c) Frau Schaxel : Onanism in early childhood.

(d) Dr. Hitschmann : Differentiation of the various forms of onanism. Changes in the conception of onanism.

Dr. Steiner : Criticism of various conceptions of onanism. Typical forms of onanism. Phantasies connected with onanism.

Dr. Reich : The problem of onanism from the standpoint of psycho-analytic therapy. (Is onanism harmful or beneficial ?)

(The contributions to this discussion have been published in a special number of the *Zeitschrift für psychoanalytische Pädagogik*.)

November 16, 1927. Continuation of the discussion on onanism.

November 30, 1927. Mme. Marie Bonaparte (guest of the Society) : The symbolism of head-trophies.

December 14, 1927. Dr. Richard Sterba : Psycho-analytical notes on the expression of nature-feeling in Goethe.

We often find that Goethe and other modern poets express their nature-feeling by representing a condition or an occurrence as an activity of the object portrayed. This method (apart from considerations of verbal necessity) springs from a deep identification of the writer with the object described. Upon this extension of the boundaries of the ego into the outside world is based the pleasure derived from nature-feeling. The resulting ' cosmic mobility ' is made possible by regression to the phase of omnipotence of thought. Psychologically this mode of presentation corresponds to a magic action.

Business Meeting. Dr. Eduard Bibring, Wien, VII, Siebensterngasse 31, associate member of the Society, was elected to full membership.

Dr. R. H. Jokl,

Secretary.

THE BRITISH JOURNAL OF MEDICAL PSYCHOLOGY

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aided in the selection of papers by

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ERNEST JONES

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This Journal was established in 1920, and appears quarterly. It deals with every aspect of Psychology which has any bearing upon the pathology and treatment of disease, and with every aspect of disease which may contribute anything to our knowledge of Psychology. Its contents include Original Contributions, Critical Digests and Abstracts of work done at home and abroad, Critical Notices, signed Reviews and Surveys of current psycho-pathological literature.

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